DLN: 93493309016279 OMB No 1545-0047 Return of Organization Exempt From Income Tax 2018 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public Department of the ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Treasury Internal Revenue Service For the 2019 calendar year, or tax year beginning 01-01-2018 , and ending 12-31-2018 D Employer identification number B Check if applicable WINROCK INTERNATIONAL INSTITUTE ☐ Address change FOR AGRICULTURAL DEVELOPMENT 71-0603560 ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminated E Telephone number Number and street (or P O box if mail is not delivered to street address) Room/suite 2101 RIVERFRONT DRIVE ☐ Amended return ☐ Application pending (501) 280-3000 City or town, state or province, country, and ZIP or foreign postal code LITTLE ROCK, AR  $\,$  72202 G Gross receipts \$ 214,843,730 Name and address of principal officer H(a) Is this a group return for ☐Yes **☑**No subordinates? 2101 RIVERFRONT DRIVE H(b) Are all subordinates LITTLE ROCK, AR 72202 ☐ Yes ☐No included? Tax-exempt status 4947(a)(1) or If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ► WWW WINROCK ORG L Year of formation 1984 M State of legal domicile AR K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ Summary 1 Briefly describe the organization's mission or most significant activities WINROCK INTERNATIONAL IS A RECOGNIZED LEADER IN U.S. AND INTERNATIONAL DEVELOPMENT, PROVIDING SOLUTIONS TO SOME OF THE WORLD'S MOST COMPLEX SOCIAL, AGRICULTURAL AND ENVIRONMENTAL CHALLENGES WINROCK'S MISSION IS TO EMPOWER THE DISADVANTAGED, INCREASE ECONOMIC OPPORTUNITY AND SUSTAIN NATURAL RESOURCES WINROCK IS A NONPROFIT ORGANIZATION THAT IMPLEMENTS A PORTFOLIO OF MORE THAN 150 PROJECTS IN OVER 40 COUNTRIES WINROCK COMBINES TECHNICAL EXPERTISE Activities & Governance WITH ENTREPRENEURIAL INNOVATION TO IMPROVE LIVES AROUND THE GLOBE Check this box ▶ 🔲 if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . . . 3 16 Number of independent voting members of the governing body (Part VI, line 1b) 4 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 5 850 6 103 Total number of volunteers (estimate if necessary) . . Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 Net unrelated business taxable income from Form 990-T, line 34 7b 0 **Prior Year Current Year** 94,772,810 90,941,913 8 Contributions and grants (Part VIII, line 1h) . Program service revenue (Part VIII, line 2g) . 0 0 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 5,675,605 14,280,511 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 3,549 100,451,964 105,222,424 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) . . . 239,432 3,939,323 **14** Benefits paid to or for members (Part IX, column (A), line 4) . . . C 47,031,303 47,457,221 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Expenses **16a** Professional fundraising fees (Part IX, column (A), line 11e) . **b** Total fundraising expenses (Part IX, column (D), line 25) ▶0 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 51,159,137 42,193,336 18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) 98,429,872 93,589,880 Revenue less expenses Subtract line 18 from line 12 . 2.022.092 11,632,544 d Balances Beginning of Current Year End of Year 96,911,984 85,770,551 20 Total assets (Part X, line 16) . 21 Total liabilities (Part X, line 26) . 34,088,849 29,103,536 22 Net assets or fund balances Subtract line 21 from line 20 62,823,135 56,667,015 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 2019-10-30 Date Signature of officer Sign Here MIKE MYERS SR VP - CFO & TREASURER Type or print name and title Print/Type preparer's name Preparer's signature PTIN Check  $\square$  if 2019-10-18 P01064483 Paid self-employed ► HOGANTAYLOR LLP Firm's EIN > 73-1413977 Preparer **Use Only** Firm's address ▶ 11300 CANTRELL ROAD SUITE 301 Phone no (501) 227-5800 LITTLE ROCK, AR 72212 May the IRS discuss this return with the preparer shown above? (see instructions) ✓ Yes □ No For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2018) Cat No 11282Y

Form	990 (2018)						Page <b>2</b>				
Pa	rt III Statemen	t of Program Servi	ce Accomplis	hments							
	Check if Sch	edule O contains a resp	onse or note to a	any line in this Part III .			. 🗆				
1	Briefly describe the	organization's mission									
WINF	ROCK'S MISSION IS 1	TO EMPOWER THE DISA	DVANTAGED, IN	CREASE ECONOMIC OPP	PORTUNITY AND SUSTAIN NATURAL	. RESOURCES					
2	_	· -		vices during the year wh	ich were not listed on		<b>a</b>				
	·	or 990-EZ?				☐ Yes 🔽	∐No				
_	•	nese new services on Sc									
3	_	Did the organization cease conducting, or make significant changes in how it conducts, any program									
	services?					Yes	<b>⊻</b> No				
_	•	nese changes on Schedu									
4	Section 501(c)(3) a	zation's program service ind 501(c)(4) organization nue, if any, for each program is any in the program is a contract of the program	ons are required	to report the amount of	argest program services, as measui f grants and allocations to others, th	red by expense ne total	s				
4a	(Code	) (Expenses \$	79,980,304	including grants of \$	3,939,323 ) (Revenue \$	)					
	See Additional Data										
	-										
4b	(Code	) (Expenses \$		including grants of \$	) (Revenue \$	)					
	-										
4c	(Code	) (Expenses \$		including grants of \$	) (Revenue \$	)					
		, , ,		33 .		,					
	-										
4d	Other program sen	vices (Describe in Sched	ule O )								
Tu	(Expenses \$	·	luding grants of	\$	) (Revenue \$	)					
4e	Total program se		79,980,3	*		•					

Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Vac 1 2 Yes Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates No 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? 4 Yes Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? 5 No Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? Nο 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, No 7 the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 🛸 . . . Did the organization maintain collections of works of art, historical treasures, or other similar assets? No R Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation Nο 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, 10 Yes If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? Yes 11a Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total Yes 11b assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🕏 . . . . . . . . . c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its Nο 11c total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 👺 . . . . . . . . . . . . . d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported No 11d ın Part X, line 16? If "Yes," complete Schedule D, Part IX 🥞 . . . . . . . . . . . . . . . . e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏 11e Yes Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses 11f Yes the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🕏 12a Did the organization obtain separate, independent audited financial statements for the tax year? 12a No b Was the organization included in consolidated, independent audited financial statements for the tax year? **12**b Yes If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🕏 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 Nο 14a Did the organization maintain an office, employees, or agents outside of the United States? . . . . 14a Yes Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments 14b valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV . . . . . . . . . . . . . Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any Yes 15 foreign organization? If "Yes," complete Schedule F, Parts II and IV . . . . . . 🖠 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to No 16 or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . . . Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, Nο 17 column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions) Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, 18 No Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19 Nο **20a** Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . 20a Nο b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic Yes 21 government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . . . Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, Nο

column (A), line 2? If "Yes," complete Schedule I, Parts I and III . . . . . . . . . .

Form	990 (2018)			Page <b>4</b>
Pa	Checklist of Required Schedules (continued)			
			Yes	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.  Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?  If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?  If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,  Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule $M$	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
Ь	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$ ? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming 

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 🕏

Statements Regarding Other IRS Filings and Tax Compliance

1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable .

Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable

Check if Schedule O contains a response or note to any line in this Part V

Nο

 $\checkmark$ 

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No

37

38

224

1a

Yes

Yes

	Part IV
С	An entity of which a current or former officer, di
	officer, director, trustee, or direct or indirect ow
29	Did the organization receive more than \$25,000
30	Did the organization receive contributions of art

37

38

Part V

7b If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . . Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file 7c Nο d If "Yes," indicate the number of Forms 8282 filed during the year . . . . 7d | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

7e No 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . No If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 7h 

8

9a

9h

14a

14b

15

No

No

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Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during

**b** Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .

14a Did the organization receive any payments for indoor tanning services during the tax year? . . . . .

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.

Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess

parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N . . . . . .

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

9a Did the sponsoring organization make any taxable distributions under section 4966? . . .

Sponsoring organizations maintaining donor advised funds.

a Initiation fees and capital contributions included on Part VIII, line 12 . . .

b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities

Section 501(c)(7) organizations. Enter

11 Section 501(c)(12) organizations. Enter

a Gross income from members or shareholders . 11a **b** Gross income from other sources (Do not net amounts due or paid to other sources 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a

10a

10b

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers.

a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O 13a

Enter the amount of reserves the organization is required to maintain by the states in 13b which the organization is licensed to issue qualified health plans . . . . . c Enter the amount of reserves on hand . . . . . . . . . . . . . . . 13c

orm 9	90 (2018)			Page (
Part	<b>Governance, Management, and Disclosure</b> For each "Yes" response to lines 2 through 7b below, and for a "Not 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions  Check if Schedule O contains a response or note to any line in this Part VI	" respo	onse to	lines 🗸
Sec	tion A. Governing Body and Management			
1a E	Enter the number of voting members of the governing body at the end of the tax year		Yes	No
ŀ	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
	Enter the number of voting members included in line 1a, above, who are independent  1b			
<b>2</b> [	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4 [	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5 [	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6		No
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a ¯	The governing body?	8a	Yes	
Ь	Each committee with authority to act on behalf of the governing body?	8b	Yes	
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code	∍.)	
			Yes	No
0a [	Did the organization have local chapters, branches, or affiliates?	10a		No
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
f	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b [	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
2a [	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
3 [	Did the organization have a written whistleblower policy?	13	Yes	
4 [	Did the organization have a written document retention and destruction policy?	14	Yes	
	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a ¯	The organization's CEO, Executive Director, or top management official	15a	Yes	
<b>b</b> (	Other officers or key employees of the organization	15b	Yes	
]	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
ı	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt			
	status with respect to such arrangements?	16b		
	tion C. Disclosure			
<b>7</b> l	List the States with which a copy of this Form 990 is required to be filed▶  AR			
	Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply			
	☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)			
	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year			
	State the name, address, and telephone number of the person who possesses the organization's books and records ▶MIKE MYERS 2101 RIVERFRONT DRIVE LITTLE ROCK. AR 72202 (501) 280-3000			

101111 330 (2	010)										Page /
Part VII	Compensation of Officer and Independent Contra		Truste	es,	Key	En	nploy	ees	, Highest Comp	ensated Employ	ees,
	Check if Schedule O contains a	response or no	te to an	y line	≘ ın t	hıs	Part VI	١.			🗆
Section	A. Officers, Directors, Tru	ıstees, Key E	mploy	ees	, an	d F	lighe	st (	Compensated En	nployees	
year .	this table for all persons requir of the organization's current of		·						, ,		•
of compensa	tion Enter -0- in columns (D), ( if the organization's <b>current</b> key	E), and (F) if no	compe	nsatı	on w	vas į	paid		- ,,		
• List the who received	organization's five current high direportable compensation (Box and any related organizations	est compensate	d emplo	yees	(oth	ner t	than a	n off	icer, director, truste	e or key employee)	1
• List all o	of the organization's <b>former</b> office compensation from the organization						pensat	ed e	employees who rece	ived more than \$10	0,000
	f the organization's <b>former dir</b> e , more than \$10,000 of reportat										e
compensated	in the following order individual demployees, and former such p	ersons									
☐ Check tl	nis box if neither the organization	n nor any relate	ed organ	nizatio	on co	omp	ensate	d ar	ny current officer, di	rector, or trustee	Т
	(A) Name and Title	(B) Average hours per week (list any hours for related	than o	one bo oth a direct	ox, un off tor/t	t cho unles ficer rust	and a	on	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2/1099-MI3C)	(W- 2/1099- MISC)	related organizations
See Additiona	al Data Table										

Pa	rt VII Section A. Officers, Dire	ctors, Trustees	s, Key	Emp	loye	es,	and	High	nest Compens	ate	d Employees	(cont	inued)	
	<b>(A)</b> Name and Title	(B) Average hours per week (list any hours	than o	one b	ox, ι ın of	t che unles ficer	eck moss pers and a ee)	son	( <b>D</b> ) Reportable compensatio from the organization (	n W-	(E) Reportable compensatio from related organizations ( 2/1099-MISO	n I W-	(F) Estimated amount of other compensation from the organization and	
		for related organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2/1099-MISC	2)			organizat relat organiz	ed
See	Addıtıonal Data Table											_		
1b 9	Sub-Total			٠.			<b>&gt;</b>							
	Total from continuation sheets to Total (add lines 1b and 1c)	•							3,149,036			0		423,810
 2	Total number of individuals (includi					hove	e) who	rec	. ,		0 000	<u> </u>		423,610
	of reportable compensation from th						-,			. ,	-,			
													Yes	No
3	Did the organization list any <b>forme</b> line 1a? <i>If "Yes," complete Schedul</i> e						oyee, o	or hi	ghest compensa	ted •	employee on	3		No
4	For any individual listed on line 1a, organization and related organization individual										the			
5	Did any person listed on line 1a rec	eive or accrue cor	mpensa	tion f	rom	anv	unrela	ated	organization or	ındıv	udual for	4	Yes	
	services rendered to the organization									•		5		No
Se	ection B. Independent Contra	ctors											<u>'</u>	
1	Complete this table for your five his from the organization. Report comp											mpen	sation	
		(A) e and business addre		•							(B) ption of services		(C Compe	
TAFT	STETTINIUS & HOLLISTER	e and business addre	-33						LAW SE				Compe	321,912
	MAIN ST STE 1700 ON, OH 45423													
NATA 2101	SHA FAROOQ, RIVERFRONT DRIVE								CONSUI	LTANT	Г			222,640
	LE ROCK, AR 72202 SON CISNE CO LLP								AUDITI	NG SE	ERVICES			126,275
	5 ANDERSON DRIVE STE 300													
RAFF	LE ROCK, AR 72212 A PC										AND CONSULTIN	IG		111,458
	L STREET NW SUITE 850 HINGTON, DC 20036								SERVIC	ES				
	Total number of Independent contract		: not lim	nted t	to th	ose	listed	abo	/e) who received	d mo	re than \$100,0	00 of		
	compensation from the organization I	▶ 4												

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	Statement of Bourne						Page 9
Part	VIII Statement of Revenue Check if Schedule O contain		onse or note to any	line in this Part VIII			🗆
	Check if Schedule O contain	s a respt	And or note to any	(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
	1a Federated campaigns	1a			revenue		512 - 514
nts ints	<b>b</b> Membership dues	1b					
Gra not	c Fundraising events	1c					
Ts, I	d Related organizations	1d					
<u> </u>	e Government grants (contributions)	1e	77,365,458				
Sin's,	f All other contributions, gifts, grants and similar amounts not included						
	above	<b>1</b> f	13,576,455				
	g Noncash contributions include in lines 1a - 1f \$						
Contributions, Gifts, Grants and Other Similar Amounts	h Total. Add lines 1a-1f		🕨	90,941,913			
ı			Business				
Program Service Revenue	2a						
á	b ————						
¥.	с —						
32	d ————						
Jran.	f All other program service rever	nue					
Pog	<b>9Total.</b> Add lines 2a-2f		•				
	3 Investment income (including di		nterest, and other	T			T
	similar amounts)			985,254	1		985,254
	5 Royalties			<del></del>			
	, (ı) R		(II) Personal	<u> </u>			
	6a Gross rents						
	<b>b</b> Less rental expenses			1			
	c Rental income or			4			
	(loss)						
	d Net rental income or (loss) .						
	(1) Section (1) Se	urities	(II) Other	$\dashv$			
	from sales of 12 assets other	22,916,563					
	than inventory						
		9,412,760	208,54	6			
	sales expenses  C Gain or (loss)	.3,503,803	-208,54	6			
	d Net gain or (loss)		<b>&gt;</b>	13,295,257	7		13,295,257
a)	<b>8a</b> Gross income from fundraising (not including \$						
Other Revenue	contributions reported on line 1 See Part IV, line 18	.c)					
ev.	<b>b</b> Less direct expenses			-			
erF	c Net income or (loss) from fundi		ents	_			
ott Ott	9a Gross income from gaming acti See Part IV, line 19	vities					
_	See raitiv, inte 15 1 1 1	а					
	<b>b</b> Less direct expenses						
	c Net income or (loss) from gami	ng activit	les <b>&gt;</b>				
	<b>10a</b> Gross sales of inventory, less returns and allowances						
	blass soot of woods cold	a		4			
	<b>b</b> Less cost of goods sold <b>c</b> Net income or (loss) from sales	<b>b</b> of invent		J			
	Miscellaneous Revenue	or miveme	Business Code				
	11a						
	b						
				1			
	С						
	<b>d</b> All other revenue			+			
	e Total. Add lines 11a-11d .		•				
	12 Total revenue. See Instruction	ns		105.000 (5.			0
			-	105,222,424	†	<u>v</u>	0 14,280,511 Form <b>990</b> (2018)

Form 990 (2018)				Page <b>10</b>
Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all co	olumns All other orga	ınızatıons must comp	lete column (A)	
Check if Schedule O contains a response or note to any	line in this Part IX .			🗆
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	928,345	928,345		
2 Grants and other assistance to domestic individuals See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16	3,010,978	3,010,978		
4 Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	2,024,790	323,175	1,701,615	
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	41,301,769	35,310,099	5,991,670	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	2,314,793	1,787,778	527,015	
9 Other employee benefits	46,256	32,456	13,800	
<b>10</b> Payroll taxes	1,769,613	1,290,847	478,766	
11 Fees for services (non-employees)				
a Management				
<b>b</b> Legal	321,779	162,237	159,542	
c Accounting	174,556	59,636	114,920	
d Lobbying	20,700	20,700		
e Professional fundraising services See Part IV, line 17				
f Investment management fees	427,177		427,177	
<b>q</b> Other (If line 11g amount exceeds 10% of line 25, column	3,792,344	3,092,174	700,170	
(A) amount, list line 11g expenses on Schedule O)	, ,	, ,	,	
12 Advertising and promotion	11,362	11,362		
L3 Office expenses	4,555,889	3,523,266	1,032,623	
L4 Information technology	83,558	81,858	1,700	
L5 Royalties				
<b>16</b> Occupancy	2,868,177	2,783,914	84,263	
<b>17</b> Travel	5,990,300	5,447,968	542,332	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19 Conferences, conventions, and meetings	1,220,642	1,109,451	111,191	
<b>20</b> Interest	205,980		205,980	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	765,406		765,406	
23 Insurance	425,286	283,356	141,930	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a SUBCONTRACTS	13,729,446	13,729,446		
L VEWSLES AND FOUNDMENT	1011 500	1 000 100	2.7-1	
b VEHICLES AND EQUIPMENT	4,041,590	4,038,139	3,451	
c FELLOWSHIPS	1,919,274	1,917,089	2,185	
d				
e All other expenses	1,639,870	1,036,030	603,840	
Total functional expenses. Add lines 1 through 24e	93,589,880	79,980,304	13,609,576	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Form **990** (2018)

Check here ▶ ☐ If following SOP 98-2 (ASC 958-720)

Form	990	(2018)					Page <b>11</b>
Pa	art X	Balance Sheet					
		Check if Schedule O contains a response or not	ce to any line i	n this Part IX		<u> </u>	<u> 🗆 </u>
	_				(A) Beginning of year		(B) End of year
7		C. ch. com interest because		<del></del>	21,777,756	1	18,698,178
1	1 2	Cash-non-interest-bearing		<u> </u>	2,587,077	2	891,255
-	3	Pledges and grants receivable, net		+	7.380	3	1,464,774
-		Accounts receivable, net		H	13,238,077	4	9,110,995
1	4   5	Loans and other receivables from current and fo		Juneahana	10,200,077	-	3,110,555
		trustees, key employees, and highest compensa Part II of Schedule L	es Complete		5		
ls.		Loans and other receivables from other disqualif section 4958(f)(1)), persons described in section contributing employers and sponsoring organization voluntary employees' beneficiary organizations (Part II of Schedule L	on 4958(c)(3)(E ations of sectio (see instructio	B), and on 501(c)(9) ons) Complete		6	_
ssets	7	Notes and loans receivable, net		H		7	
AS		Inventories for sale or use	-	4.050.404	8	4.047.544	
_	9	Prepaid expenses and deferred charges		·	1,252,434	9	1,047,544
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	15,137,828			
	b	Less accumulated depreciation	10b	7,544,877	7,862,799	10c	7,592,951
	l	Investments—publicly traded securities .			37,330,003	11	28,600,936
)	1	Investments—other securities See Part IV, line	11		12,531,458	12	17,189,194
	13	Investments—program-related See Part IV, line				13	
	14	Intangible assets		14			
	15	Other assets See Part IV, line 11	<u> </u>	325,000	15	1,174,724	
	16	Total assets.Add lines 1 through 15 (must equ	ual line 34) .		96,911,984	16	85,770,551
$\neg$	17	Accounts payable and accrued expenses			9,017,931	17	7,791,383
	18	Grants payable		Γ		18	
	19	Deferred revenue			19,489,160	19	13,081,029
	20	Tax-exempt bond liabilities		. Г	3,922,724	20	3,736,060
Š	21	Escrow or custodial account liability Complete F	Part IV of Sche	dule D		21	
Liabilities	22	Loans and other payables to current and former key employees, highest compensated employees					
jab	ı	persons Complete Part II of Schedule L $$ .		L		22	
	23	Secured mortgages and notes payable to unrela	ated third parti	ies	280,340	23	2,597,425
	24	Unsecured notes and loans payable to unrelated	J third parties			24	
	25	Other liabilities (including federal income tax, pa and other liabilities not included on lines 17 - 24 Complete Part X of Schedule D		ited third parties,	1,378,694	25	1,897,639
	26	<b>Total liabilities.</b> Add lines 17 through 25	•		34,088,849	26	29,103,536
Balances		Organizations that follow SFAS 117 (ASC 95) complete lines 27 through 29, and lines 33 Unrestricted net assets		ere ▶ ☑ and	53,188,570	27	52,463,150
<u>a la</u>		Temporarily restricted net assets		+	9,634,565	28	4,203,865
8		Permanently restricted net assets		+	0,00 ,1111	29	
Fund		Organizations that do not follow SFAS 117	(ASC 958).	 		25	
	1	check here ▶ ☐ and complete lines 30 th	-				
s or		Capital stock or trust principal, or current funds				30	_
اب			-				

31

32

33

34

56,667,015

85,770,551 Form **990** (2018)

62,823,135

96,911,984

# Net Assets 31 Paid-in or capital surplus, or land, building or equipment fund . . . 32 Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances . .

Total liabilities and net assets/fund balances

33

34

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 3a Yes

Form 990 (2018)

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits 3b Yes

### **Additional Data**

#### Software Version: **EIN:** 71-0603560

Software ID:

Name: WINROCK INTERNATIONAL INSTITUTE FOR AGRICULTURAL DEVELOPMENT

Form 990 (2018)

Form 990, Part III, Line 4a: SEE ABOVE STATEMENT OF EXEMPT PURPOSE

(A) (D) (B) (C) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless compensation hours per compensation amount of other person is both an officer week (list from the from related compensation from the

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

	any hours	and a director/trustee)						organization	organizations	from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
RODNEY FERGUSON PRESIDENT AND CEO	40 00	×		x				560,498	0	63,792
PETER O'NEILL BOARD MEMBER	1 00	×						0	0	0
JASON BORDOFF BOARD MEMBER	1 00	х						0	0	0
WILLIAM M BUMPERS CHAIR	1 00	Х		х				0	0	0

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JASON BORDON
BOARD MEMBER
WILLIAM M BUMPERS
CHAIR
DAVID BRAMAN

BOARD MEMBER

MELISSA S DANN

**BOARD MEMBER** 

EARL DEVANEY

JUDE KEARNEY

BOARD MEMBER

BOARD MEMBER

**BOARD MEMBER** 

JOHN M NEES

RICK LEACH

......... BOARD MEMBER

and Independent Contractors

(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Estimated Average Reportable than one box, unless hours per compensation compensation amount of other person is both an officer week (list from the from related compensation any hours and a director/trustee) organization organizations from the

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and Independent Contractors

BOARD MEMBER

**BOARD MEMBER** 

SAUD SIDDIQUE

....... BOARD MEMBER

BOARD MEMBER

MICHAEL MYERS

JOYJIT DEB ROY

PALOMA ADAMS-ALLEN

SR VP - CFO & TREASURER

SR VICE PRES, PROGRAMS

LARRY COBEN

	,				,		,	(11, 2,4,000	(14) 2/4 000		
	for related organizations below dotted line)		Institutional Trustee	Officer	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
SAMAR S ALI BOARD MEMBER	1 00	x						0	0	0	
F BRONSON VAN WYCK BOARD MEMBER	1 00	x						0	0	0	
SUZANNE E SISKEL VICE CHAIR	1 00	x		х				0	0	0	

0

282,884

281,734

0

41,131

41,441

0

		Х			l		0	(
BOARD MEMBER		,					Ů	_
SUZANNE E SISKEL	1 00	×	x				0	(
VICE CHAIR								
JERRY B ADAMS	1 00	×					0	(
BOARD MEMBER		^						
WILLIAM ROCKEFELLER	1 00							_

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(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless amount of other hours per compensation compensation week (list person is both an officer from the from related compensation

any hours

and Independent Contractors

......

CHIEF OF PARTY

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and a director/trustee)

organization

organizations

from the

42,291

37,021

32,383

51,338

	ally llours	anu	a un	cccc	,,, с	usice	,	organization	organizacions	l loni the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
ELISABETH WHITBECK SECRETARY	40 00			х				119,074	0	18,781
MARY JANE JAMAR VP AND CHRO	40 00				x			247,347	0	29,322
MALIKA MAGAGULA VP OPERATIONS	40 00				×			212,990	0	28,688
JOHN ADAM DORR CHIEF OF PARTY	40 00					х		291,190	0	37,622

40 00 CHRISTOPHER GALLAGHER ...... Х 290,157 ......

SVP BUS DEV & EXTERNAL AFF 40 00 BRAULIO OLIVEIRA

................ 266,026 Χ

CHIEF INFORMATION OFFICER

40 00

NIMISH JHAVERI ...... Х

290,811

CHIEF OF PARTY

Х

306,325

40.00 WILLIAM DAVID SPARKS

...............

SCHEDU Form 990 90EZ)		Com	plete if the o	Charity Statu rganization is a sect 4947(a)(1) nonexe Attach to Form	ion 501(c)(3) empt charitable 990 or Form 99	organization or trust. 90-EZ.	a section	2018 Open to Public
epartment of the	Service		► Go to	www.irs.gov/Forms	990 for the late	est information		Inspection
ame of the INROCK INTER AGRICULTU	RNATIONAL II	NSTITUTE					Employer identific	ation number
			harity Stat	<b>us</b> (All organization	s must comple	ete this part.) S	71-0603560 See instructions.	
e organizat	ion is not a	prıvate foun	dation because	e it is (For lines 1 thro	ugh 12, check o	nly one box )		
L D A	A church, co	nvention of	churches, or as	ssociation of churches	described in <b>sec</b>	tion 170(b)(1)	(A)(i).	
· 🗆 A	A school des	cribed in <b>se</b>	ction 170(b)(	1)(A)(ii). (Attach Sch	nedule E (Form 9	990 or 990-EZ))		
;	hospital or	a cooperati	ve hospital ser	vice organization desci	nbed in <b>section</b>	170(b)(1)(A)(	iii).	
	A medical re name, city, a		nization operat	ed in conjunction with	a hospital descr	ibed in <b>section</b> :	170(b)(1)(A)(iii). E	nter the hospital's
	-	ion operated v). (Comple		t of a college or univer	rsity owned or o	perated by a gov	ernmental unit descri	bed in <b>section 170</b>
-			•	governmental unit de	scribed in <b>sectio</b>	on 170(b)(1)(A	\)(v).	
			mally receives <b>vi).</b> (Complete	a substantial part of it Part II )	s support from a	ı governmental u	ınıt or from the gener	al public described ii
B $\square$ A	A community	/ trust descr	ıbed ın <b>sectio</b> ı	170(b)(1)(A)(vi)	(Complete Part I	Ι)		
				escribed in <b>170(b)(1)</b> ee instructions Enter				lege or university or
☐ f	rom activition	es related to ncome and u	ıts exempt fur ınrelated busır	(1) more than 331/3% actions—subject to cert less taxable income (le amplete Part III)	tain exceptions,	and (2) no more	than 331/3% of its s	upport from gross
	•			d exclusively to test fo	r public safety S	See section 509	(a)(4).	
r	nore publicl	y supported	organizations :	d exclusively for the be described in <b>section 5</b> the type of supporting	<b>09(a)(1)</b> or se	ction 509(a)(2	). See section 509(a	
	<b>Type I.</b> A su organization	ipporting org (s) the powe	janization oper	rated, supervised, or co appoint or elect a majo	ontrolled by its s	upported organi	zation(s), typically by	
□ r	nanagemen	t of the supp		pervised or controlled in ation vested in the san and C.				
		•	_	supporting organization ions) You must com	•	•	, -	ated with, its
	Type III no unctionally	n-function integrated 1	ally integrate he organizatio	<ul> <li>d. A supporting organi</li> <li>n generally must satis</li> <li>rt IV, Sections A and</li> </ul>	zation operated fy a distribution	in connection wi requirement and	th its supported orgai	
	Check this b	ox if the org	anızatıon recei	ved a written determir	ation from the I		pe I, Type II, Type II	I functionally
_	-		on-functionally organizations	integrated supporting	organization		_	
			on about the su	upported organization( (iii) Type of	1		()	() A
(i) Name of supported organization			organization in your governing document? mone		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (se instructions)		
					Yes	No		
tal								
	rk Doducti	on Act Not	ce see the I	nstructions for	Cat No 1128!	5F :	 Schedule A (Form 9	90 or 990-F7) 20

Schedule A (Form 990 or 990-EZ) 2018

Page 2

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support

	Calendar year (or fiscal year beginning in) ▶	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant")	95,668,997	105,389,207	106,567,328	94,772,810	90,941,913	493,340,255
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	<b>Total.</b> Add lines 1 through 3	95,668,997	105,389,207	106,567,328	94,772,810	90,941,913	493,340,255
5	The portion of total contributions by						
	each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column						880,242
	(f)						
6	Public support. Subtract line 5						492,460,013
_	from line 4						
	ection B. Total Support  Calendar year			Т	1		
	(or fiscal year beginning in) ▶	(a)2014	<b>(b)</b> 2015	(c)2016	<b>(d)</b> 2017	<b>(e)</b> 2018	<b>(f)</b> Total
7	Amounts from line 4	95,668,997	105,389,207	106,567,328	94,772,810	90,941,913	493,340,255
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	807,657	936,430	909,622	1,380,493	985,254	5,019,456
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)				3,549		3,549
11	<b>Total support.</b> Add lines 7						498,363,260
4.0	through 10 Gross receipts from related activities,	etc (see instruction	one)			12	· · ·
13	First five years. If the Form 990 is f	_			•		
	check this box and stop here					<u></u>	
	ection C. Computation of Publi						
14	Public support percentage for 2018 (II	, , ,		olumn (f))		14	98 820 %
15	Public support percentage for 2017 So					15	98 750 %
16a	<b>33 1/3% support test—2018.</b> If the				e 14 is 33 1/3% or	more, check this b	
b	and <b>stop here.</b> The organization qual <b>33 1/3% support test—2017.</b> If the				nd line 15 is 33 1/3	3% or more, check	<b>▶</b> ☑ c this
	box and <b>stop here.</b> The organization	qualifies as a pub	olicly supported org	janization			▶ □

is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported ightharpoonsorganization h 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly ▶□ supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

17a 10%-facts-and-circumstances test-2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14

Р	Support Schedule for						
	(Complete only if you c						ler Part II. If
- C	the organization fails to ection A. Public Support	quality under t	ne tests listed	pelow, please co	omplete Part II.	)	
30	Calendar year		43.554.5		413.004-		(0) =
	(or fiscal year beginning in) ▶	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not include any "unusual grants")						
2	Gross receipts from admissions,						
_	merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the						
_	organization's tax-exempt purpose Gross receipts from activities that are						
3	not an unrelated trade or business						
	under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid						
_	to or expended on its behalf The value of services or facilities						
5	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
_	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified						
	persons that exceed the greater of						
	\$5,000 or 1% of the amount on line						
	13 for the year						
C	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
	from line 6 )						
36	ection B. Total Support  Calendar year			I	1		1
	(or fiscal year beginning in) ▶	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and						
b	income from similar sources Unrelated business taxable income						
D	(less section 511 taxes) from						
	businesses acquired after June 30,						
	1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is						
	regularly carried on						
12							
	loss from the sale of capital assets						
	(Explain in Part VI )						
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12)						
14	First five years. If the Form 990 is for	r the organization	ı 's fırst, second, tl	nird, fourth, or fift	:h tax vear as a se	ction 501(c)(3) c	rganization.
	check this box and <b>stop here</b>	,	, ,	, ,	,	( ), ( )	• □
Se	ection C. Computation of Public	Support Perce	ntage				<u> </u>
15	Public support percentage for 2018 (lin			column (f))		15	
16	Public support percentage from 2017 S					16	
	ection D. Computation of Investi					1 1	
<u> </u>	Investment income percentage for 201			line 13, column (f	·))	17	
18	Investment income percentage from 2	•		,	••	18	
	331/3% support tests—2018. If the		·	on line 14 and lin	ne 15 is more than		ne 17 is not
							_
	more than 33 1/3%, check this box and s						
b	33 1/3% support tests—2017. If the	-			•		_
	not more than 33 1/3%, check this box	and stop here.	The organization	qualifies as a publ	icly supported org	anization	▶⊔_
20	Private foundation. If the organization	on did not check a	box on line 14, 1	.9a, or 19b, check	this box and see	instructions	▶ □

Schedule A (Form 990 or 990-EZ) 2018 Page 4 Part IV Supporting Organizations (Complete only if you checked a box on line 12 of Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of

Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V ) Section A. All Supporting Organizations

Yes No Are all of the organization's supported organizations listed by name in the organization's governing documents? 1 If "No," describe in Part VI how the supported organizations are designated If designated by class or purpose, describe the designation If historic and continuing relationship, explain 1 Did the organization have any supported organization that does not have an IRS determination of status under section 509

(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2)2 Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below

3а Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the

determination 3b Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use 3с Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you

checked 12a or 12b in Part I, answer (b) and (c) below 4a Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or 4b supervised by or in connection with its supported organizations

Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes 4c Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported

organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by 5a

amendment to the organizing document) Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the

organization's organizing document? Substitutions only. Was the substitution the result of an event beyond the organization's control?

5b 5c Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other

than (1) its supported organizations. (ii) individuals that are part of the charitable class benefited by one or more of its

6

7

8

answer line 10b below

the organization had excess business holdings)

supported organizations, or (III) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. 6

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in

section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)

7 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

complete Part I of Schedule L (Form 990 or 990-EZ)

8 Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"

provide detail in Part VI.

9a Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

organization had an interest? If "Yes," provide detail in Part VI.

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

9b which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

9с

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

10a certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

10a

10b

Schedule A (Form 990 or 990-EZ) 2018

>cn	edule A (Form 990 or 990-E2) 2018		F	age 5
Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the			
	governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
C	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	<b>11</b> c		
S	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting	2		
	organization	-		
S	ection C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of			
	each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
_	<u> </u>			
	ection D. All Type III Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		103	-140
		1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s)			
		2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard	3		
S	ection E. Type III Functionally-Integrated Supporting Organizations		l	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction)	ions)		
	The organization satisfied the Activities Test Complete line 2 below	•		
	b			
	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see	instru	ctions)	
2	Activities Test Answer (a) and (b) below.	į	Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2a		
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement			
,		2b		
3	Parent of Supported Organizations Answer (a) and (b) below.	_		
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in <b>Part VI.</b>	3a		
	<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in <b>Part VI.</b> the role played by the organization in this regard	3h		

Sched	lule A (Form 990 or 990-EZ) 2018			Page <b>6</b>
Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting O	rgani	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organizations.			
	Section A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	<b>1</b> b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount		_	Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally-instructions)	ntegrat	ed Type III supporting or	ganızatıon (see

Schedule A (Form 990 or 990-EZ) (2018)

c Remainder Subtract lines 4a and 4b from 4

5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2

If the amount is greater than zero, explain in Part VI

Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.
 Excess distributions carryover to 2019. Add lines.

**a** Excess from 2014. . . . . **b** Excess from 2015. . . . . **c** Excess from 2016. . . . .

See instructions

d Excess from 2017.e Excess from 2018.

3<sub>j</sub> and 4c

8 Breakdown of line 7

#### **Additional Data**

#### Software ID: Software Version:

**EIN:** 71-0603560

WINROCK INTERNATIONAL INSTITUTE Name:

FOR AGRICULTURAL DEVELOPMENT Schedule A (Form 990 or 990-EZ) 2018 Page 8 Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Part VI Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V Section D. lines 5, 6, and 8, and Part V. Section E. lines 2, 5, and 6. Also complete this part for any additional information. (See instructions)

Facts And Circumstances Test

**SCHEDULE C** 

• Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C

## **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

DLN: 93493309016279

OMB No 1545-0047

Department of the Treasury Internal Revenue Service If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

EZ)

(Form 990 or 990-

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ. ▶Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

f the	Section 527 organizations Complete organization answered "Yes" or Section 501(c)(3) organizations that Section 501(c)(3) organizations that	n Form 990, Part IV, Line 4, or Form 9 t have filed Form 5768 (election under s t have NOT filed Form 5768 (election ur n Form 990, Part IV, Line 5 (Proxy Ta s), then	<b>990-EZ, Part VI, Iir</b> section 501(h)) Co nder section 501(h	ne <b>47 (Lobbying Activit</b> In the part II-A Do not In the part II-B Domplete Part II-B D	ies), then complete Part II-B o not complete Part II-A
Na	me of the organization			Employer id	entification number
	NROCK INTERNATIONAL INSTITUTE R AGRICULTURAL DEVELOPMENT			71-0603560	
Par	t I-A Complete if the orga	nization is exempt under section	on 501(c) or is	a section 527 organ	nization.
1	Provide a description of the organ "political campaign activities")	nization's direct and indirect political car	mpaign activities ir	n Part IV (see instruction	s for definition of
2	Political campaign activity expend	litures (see instructions)		<b>&gt;</b>	\$
3	Volunteer hours for political camp	paign activities (see instructions)			
Par	t I-B Complete if the orga	nization is exempt under section	on 501(c)(3).		
1	Enter the amount of any excise to	ax incurred by the organization under se	ection 4955	•	\$
2	Enter the amount of any excise to	ax incurred by organization managers u	inder section 4955	<b>&gt;</b>	\$
3	If the organization incurred a sec	tion 4955 tax, did it file Form 4720 for t	this year?		☐ Yes ☐ No
4a	Was a correction made?				☐ Yes ☐ No
	If "Yes," describe in Part IV				
Par	t I-C Complete if the orga	nization is exempt under section	on 501(c), exce	ept section 501(c)(	3).
1	, · ·	ed by the filing organization for section	•		\$
2	Enter the amount of the filing org function activities	anızatıon's funds contributed to other o	organizations for se	ection 527 exempt	\$
3	Total exempt function expenditure	es Add lines 1 and 2 Enter here and o	n Form 1120-POL,	line 17b ►	\$
4	Did the filing organization file For	rm 1120-POL for this year?			☐ Yes ☐ No
5	organization made payments For of political contributions received	employer identification number (EIN) of each organization listed, enter the amount that were promptly and directly deliver see (PAC) If additional space is needed,	ount paid from the ed to a separate p	e filing organization's fund political organization, sucl	ds Also enter the amount
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	contributions received
1					
2					
3					
1					
5					
5					
or P	Paperwork Reduction Act Notice, see	the instructions for Form 990 or 990-F7.	Cat	No E00946 Schodulo (	C (Form 000 or 000-E7) 2019

ь	Total lobbying expenditures to influence a legislative		
c	Total lobbying expenditures (add lines 1a and 1b)		
d	Other exempt purpose expenditures		
e	Total exempt purpose expenditures (add lines 1c and	i 1d)	
f	Lobbying nontaxable amount Enter the amount fron columns		
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	
	Not over \$500,000	20% of the amount on line 1e	
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	
	Over \$17,000,000	\$1,000,000	
		 •	
g	Grassroots nontaxable amount (enter 25% of line 1f		
h	Subtract line 1g from line 1a If zero or less, enter -(		

i Subtract line 1f from line 1c If zero or less, enter -0j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting ☐ Yes ☐ No section 4911 tax for this year? 4-Year Averaging Period Under section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year (a) 2015 **(b)** 2016 (c) 2017 (d) 2018 (e) Total beginning in) 2a

Lobbying nontaxable amount Lobbying ceiling amount (150% of line 2a, column(e))

Total lobbying expenditures Grassroots nontaxable amount

Grassroots ceiling amount (150% of line 2d, column (e))

Grassroots lobbying expenditures

activ	iach "Yec" rechonce on linee la through	It below, provide in Part IV a detailed description of the lobbying	(a	·'——	_	(b)	
		it below, provide in Part IV a detailed description of the lobbying	Yes	No		Amou	ınt
1		tion attempt to influence foreign, national, state or local legislation, ic opinion on a legislative matter or referendum, through the use of					
а	Volunteers?			No			
b	Paid staff or management (include com	pensation in expenses reported on lines 1c through 1i)?		No			
c	Media advertisements?			No			
d	Mailings to members, legislators, or the	· ·		No			
е	Publications, or published or broadcast	<b>,</b>		No			
f	Grants to other organizations for lobby	_ · ·		No			
g	<del>-</del>	iffs, government officials, or a legislative body?		No			
h :	Other activities?	ventions, speeches, lectures, or any similar means?	Yes	No			24.60
i j	Total Add lines 1c through 1i	-	165		-		21,600
2a	<u>-</u>	ganization to be not described in section 501(c)(3)?		l No			21,600
ь	If "Yes," enter the amount of any tax in	· · · · ·		""			
С	· · · · · · · · · · · · · · · · · · ·	ncurred by organization managers under section 4912					
d	If the filing organization incurred a sec	tion 4912 tax, did it file Form 4720 for this year?					-
Pai	t III-A Complete if the organi. 501(c)(6).	zation is exempt under section $501(c)(4)$ , section $501(c)$	(5), 0	r sect	ion		
						Yes	No
1	, , ,	ues received nondeductible by members?			1		
2	_	se lobbying expenditures of \$2,000 or less?			2		
3		r lobbying and political expenditures from the prior year?			3		
Pai		zation is exempt under section 501(c)(4), section 501(c) Part III-A, lines 1 and 2, are answered "No" OR (b) Part				501(c	)(6)
1	Dues, assessments and similar amount		1				
2	Section 162(e) nondeductible lobbying expenses for which the section 527	and political expenditures (do not include amounts of political '(f) tax was paid).					
a b	Current year Carryover from last year		2a 2b				
C	Total		2c				
3		6033(e)(1)(A) notices of nondeductible section 162(e) dues	3				
4	If notices were sent and the amount or	n line 2c exceeds the amount on line 3, what portion of the excess does the reasonable estimate of nondeductible lobbying and political					
	expenditure next year?		4				
5	Taxable amount of lobbying and politic		5				
P	art IV Supplemental Informa	tion					
		A, line 1, Part l-B, line 4, Part l-C, line 5, Part II-A (affiliated group list), iplete this part for any additional information	Part II-	·A, lines	1 an	d 2 (se	e
	Return Reference	Explanation					
PAR	EXPE (III)	PRISED OF PAYMENTS TO (I) ARKANSAS STATE CHAMBER OF COMMERC NSE, (II) GORDLEY ASSOCIATES FOR FARM BILL IN CONGRESS FOR A I CAPITAL ADVISOR GROUP FOR DISCUSSIONS CONCERNING FUTURE LE DING, (IV) AND PARTA OREGON, INC FOR EFFECTIVE CLIMATE LEGISLA ETS	FARMER GISLAT	TO FAI	RMER ID ST	PROJE ATE	•

**SCHEDULE D** 

**Supplemental Financial Statements** 

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ▶ Attach to Form 990.

DLN: 93493309016279 OMB No 1545-0047

Department of the Treasury

**b** Assets included in Form 990, Part X

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

(Form 990)

ern	al Revenue Service	► Go to <u>www.irs.q</u>	ov/Form990 for the latest information.		Ins	spection
	me of the organ			Employer id	entification	number
	R AGRICULTURAL DE			71-0603560		
Pa			sed Funds or Other Similar Funds o	r Accounts.		
	Complet	te if the organization answered "Ye				
			(a) Donor advised funds	(b)Fund	s and other a	accounts
	Total number at	•				
		of contributions to (during year)				
ı		of grants from (during year)				
•	Aggregate value	·				
l		ation inform all donors and donor adviso roperty, subject to the organization's ex	ers in writing that the assets held in donor adv clusive legal control?	vised funds are		Yes 🗆 No
•		oses and not for the benefit of the donor	onor advisors in writing that grant funds can l or donor advisor, or for any other purpose c		r rmissible	Yes 🗆 No
Pa	rt III Conser	vation Easements. Complete if th	ne organization answered "Yes" on Form	n 990, Part IV		
	Purpose(s) of co	onservation easements held by the organ	nization (check all that apply)			
	Preservation	on of land for public use (e g , recreation	n or education)	historically imp	ortant land a	area
	☐ Protection	of natural habitat	Preservation of a c	ertified historic	structure	
	☐ Preservation	on of open space				
!	•	2a through 2d if the organization held a e last day of the tax year	qualified conservation contribution in the form		ation at the End o	of the Year
а	Total number of	conservation easements		2a		
b	Total acreage res	stricted by conservation easements		2b		
c	Number of conse	ervation easements on a certified histori	c structure included in (a)	2c		
d		ervation easements included in (c) acqui n the National Register	ired after 7/25/06, and not on a historic	2d		
	Number of consetax year ►	ervation easements modified, transferre	d, released, extinguished, or terminated by t	the organization	n during the	
	Number of state	es where property subject to conservatio	on easement is located <b>&gt;</b>			
i		zation have a written policy regarding that of the conservation easements it holds	ne periodic monitoring, inspection, handling c s?	of violations,	☐ Yes	□ No
,	Staff and volunt	eer hours devoted to monitoring, inspec	cting, handling of violations, and enforcing co	nservation eas	ements durin	ng the year
,	Amount of expe	nses incurred in monitoring, inspecting,	handling of violations, and enforcing conserv	ation easemen	ts during the	e year
1	Does each conse and section 170		above satisfy the requirements of section 17	70(h)(4)(B)(ı)	☐ Yes	□ No
l	balance sheet, a		ervation easements in its revenue and exper footnote to the organization's financial state			
ar	t IIII Organi:	<u>-</u>	of Art, Historical Treasures, or Othe	er Similar As	ssets.	
a			.6 (ASC 958), not to report in its revenue sta	tement and bal	ance sheet v	vorks of
u	art, historical tre	easures, or other similar assets held for	public exhibition, education, or research in funcial statements that describes these items			
b	historical treasu		<ul><li>.6 (ASC 958), to report in its revenue statem- lic exhibition, education, or research in furthe</li></ul>			
(	(i) Revenue ınclud	led on Form 990, Part VIII, line 1		▶ \$		
(i	ii)Assets ıncluded	ın Form 990, Part X		<b>▶</b> \$		
!		on received or held works of art, historions required to be reported under SFAS	cal treasures, or other similar assets for finar 116 (ASC 958) relating to these items	ncial gain, provi	ide the	
а	Revenue include	ed on Form 990, Part VIII, line 1		<b>&gt;</b> \$ _		

Cat No 52283D

Schedule D (Form 990) 2018

Par	t III	Organizations Ma	aintaining Coll	ections of	f Art, His	tori	cal Tı	reası	ıres, o	r Other	Similar As	ssets (cor	ntınued)	
3		ig the organization's acq is (check all that apply)	uisition, accession	, and other	records, ch	eck a	any of	the fo	llowing 1	that are a	sıgnıfıcant u	ise of its co	ollection	
а		Public exhibition				d		Loan	or exch	ange prog	ırams			
b		Scholarly research				е		Othe	r					
С		Preservation for future	generations											
4		ride a description of the o	organization's coll	ections and	explain hov	v the	y furtl	ner the	e organi:	zation's e:	kempt purpo	se in		
5		ng the year, did the orga ets to be sold to raise fur									ular	☐ Yes		lo
Pai	rt IV	Escrow and Cust Complete if the org X, line 21.			on Form	990	, Part	IV, lı	ne 9, o	r reporte	ed an amou	ınt on For	m 990,	Part
1a		ne organization an agent uded on Form 990, Part )		ın or other ır	ntermediary	/ for	contri	bution	s or oth	er assets	not	☐ Yes		lo
ь	If "Y	es," explain the arrange	ement in Part XIII	and complet	te the follov	ving	table				A	mount		
c		inning balance		,		-				1c				
d	Add	itions during the year								1d				_
e	Dıst	ributions during the year	-							1e				
f	End	ing balance								1f				
2a	Dıd	the organization include	an amount on For	m 990, Part	X, line 21,	for e	escrow	or cu	stodial a	account lia	ability?	☐ Yes		lo
b		es," explain the arrange									•	_		
	rt V	Endowment Fund							•					
				(a)Current			or yea			ears back			Four yea	ırs back
1a	Begin	ning of year balance .	[	51,6	686,511		47,510	),280	4	47,062,883	50,	111,445	49	,735,836
b	Contr	ibutions												
c	Net ır	nvestment earnings, gair	ns, and losses	-3,6	626,657		6,624	1,221		2,889,969	-	725,872	2,	,380,037
d	Grant	s or scholarships												
е		expenditures for facilities	es	2,:	148,161		2,447	7,990		2,442,572	2,	322,690	2,	,004,428
f	Admıı	nistrative expenses .												
g	End o	f year balance	[	45,9	911,693		51,686	5,511	4	47,510,280	47,	062,883	50,	,111,445
2	Prov	ride the estimated percei	ntage of the curre	nt year end	balance (lır	ne 1g	g, colu	mn (a	)) held a	ıs				
а	Boa	rd designated or quasi-e	ndowment 🕨 1	.00 000 %										
b	Perr	nanent endowment 🟲	0 %											
c		porarily restricted endov		%										
3a	Are	percentages on lines 2a, there endowment funds		•		that	are h	eld an	d admın	ıstered fo	r the			
	_	inization by unrelated organizations										3a(i	Yes ) Yes	No
	• •	related organizations .										3a(i		No
b		'es" on 3a(II), are the rel		s listed as re	equired on S	- Sche	dule R	?				3b		
4	Des	cribe in Part XIII the inte	ended uses of the	organızatıon	ı's endowm	ent f	unds						•	<u>.                                      </u>
Pai	rt VI													
	<u> </u>	Complete if the org												
	Desc	ription of property	(a) Cost or othe (Investmen		(b) Cost or o	ocner	uasis (	otner)	(c) Acc	umulated o	lepreciation	(d)	Book valu	
1a	Land						1,37	77,444						1,377,444
b	Buıldı	ngs					7,37	79,150			3,713,022			3,666,128
c	Lease	hold improvements					2,14	<b>1</b> 7,897			1,524,593			623,304
d	Equip	ment					3,49	93,294			1,788,721			1,704,573

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)).

221,502

7,592,951

518,541

Part VII Investments—Other Securities. Complete if the See Form 990, Part X, line 12.	he organization ar	nswered "Yes" on Form 990, Part IV, line 11	b.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value	
(1) Financial derivatives			
(2) Closely-held equity interests			
(A) PRIVATE EQUITY FUNDS	2,666,63		
(B) OTHER INVESTMENTS	13,935,94	41 F	
(C) REAL ESTATE (D)	586,6	32 F	
(E)			
(F)			
(G)			
(H)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	17,189,19	94	
Part VIII Investments—Program Related.  Complete if the organization answered 'Yes' on F	Form 990 Part IV	line 11c See Form 990 Part V line 13	
(a) Description of investment	(b) Book val	ue (c) Method of valuation	
(1)		Cost or end-of-year market value	
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 13 )	•		
Part IX Other Assets. Complete if the organization answered (a) Description		Part IV, line 11d See Form 990, Part X, line 15  (b) Book	value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)			
Part X Other Liabilities. Complete if the organization a			
See Form 990, Part X, line 25.  (a) Description of liability	(b	) Book value	
(1) Federal income taxes			
DEFERRED COMPENSATION		1,108,289	
DEFERRED COMPENSATION (3)		789,350	
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 25 )	<b>▶</b>	1,897,639	

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Total revenue, gains, and other support per audited financial statements . . . . .

Amounts included on line 1 but not on Form 990, Part VIII, line 12

Amounts included on line 1 but not on Form 990, Part IX, line 25

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . .

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) . . . . . . .

XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

Add lines **4a** and **4b** . . . . . . . . . . . . . . . . .

Donated services and use of facilities . . .

Other (Describe in Part XIII ) . . . . . .

Add lines 2a through 2d . . . . . .

**Supplemental Information** 

Page 4

87,222,350

208,546

427,177

93.589.880

Schedule D (Form 990) 2018

93,162,703

Schedule D (Form 990) 2018

Part XI

1

2

2

c

d

3

4

b

5

Part XIII

See Additional Data Table

Return Reference

d 2d 208.546 2e -17,572,897 e 3 3

104,795,247 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b . 4a 427,177 4b b

Add lines **4a** and **4b** . . . . . . 4c 427,177 c Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) . . . . . . 5 5 105,222,424 Part XII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 93,371,249

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part

2a 2b

2c

2d

4a

4b

Explanation

208,546

427.177

2e

3

4c

5

Schedule D (Form 990) 2018	Page <b>5</b>
Part XIII Supplemental Info	mation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2018

#### Additional Data

Software ID: Software Version:

**EIN:** 71-0603560

WINROCK INTERNATIONAL INSTITUTE Name:

FOR AGRICULTURAL DEVELOPMENT

Supplemental Information

Explanation

Return Reference PART V, LINE 4 WINROCK HAS BOARD-DESIGNATED ENDOWMENT FUNDS THAT ARE INCLUDED IN NET ASSETS WITHOUT DONOR RESTRICTIONS AS REQUIRED BY GAAP, NET ASSETS ASSOCIATED WITH ENDOWMENT FUNDS, INCLUDING FUNDS DESIGNATED BY THE BOARD TO FUNCTION AS ENDOWMENTS, ARE CLASSIFIED AND REPORTED BASED ON THE EXISTENCE OF DONOR-IMPOSED RESTRICTIONS

Supplemental Information	
Return Reference	Explanation
PART X, LINE 2	WINROCK IS EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE A ND A SIMILAR PROVISION OF STATE LAW, EXCEPT FOR TAXES ON UNRELATED BUSINESS INCOME FOR TH E YEAR ENDED DECEMBER 31, 2018, NO PROVISION FOR INCOME TAXES WAS MADE, AS WINROCK HAD NO NET SIGNIFICANT UNRELATED BUSINESS INCOME WINROCK FOLLOWS THE AUTHORITATIVE GUIDANCE RELA TING TO ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES INCLUDED IN FASB ASC TOPIC 740, INCOME TAXES THESE PROVISIONS PROVIDE CONSISTENT GUIDANCE FOR THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN AN ENTITY'S CONSOLIDATED FINANCIAL STATEMENTS AND PRESCRIBE A THRESHOLD OF "MORE LIKELY THAN NOT" FOR RECOGNITION AND DERECOGNITION OF TAX POSITIONS TAKE NOR EXPECTED TO BE TAKEN IN A TAX RETURN WINROCK PERFORMED AN EVALUATION OF UNCERTAINTY IN INCOME TAXES FOR THE YEAR ENDED DECEMBER 31, 2018, AND DETERMINED THAT THERE WERE NO MA TITERS THAT WOULD REQUIRE RECOGNITION IN THE CONSOLIDATED FINANCIAL STATEMENTS OR THAT MAY HAVE ANY EFFECT ON ITS TAX-EXEMPT STATUS AS OF DECEMBER 31, 2018, THE STATUTE OF LIMITATI ONS FOR TAX YEARS 2015 THROUGH 2017, REMAINED OPEN WITH THE US FEDERAL JURISDICTION OR THE VARIOUS STATES AND LOCAL JURISDICTIONS IN WHICH WINROCK FILES TAX RETURNS, HOWEVER, THE RE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS IT IS WINROCK'S POLICY TO RECOGNIZE INTEREST AND/OR PENALTIES RELATED TO UNCERTAINTY IN INCOME TAXES, IF ANY, IN INTERES TOR INCOME TAX EXPENSE AS OF DECEMBER 31, 2018, WINROCK HAD NO ACCRUALS FOR INTEREST AND /OR PENALTIES

Supplemental Information	
Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS	ASSET WRITE-OFF 208,546

Supplemental Information		
Return Reference	Explanation	
PART XII, LINE 2D - OTHER ADJUSTMENTS	ASSET WRITE-OFF 208,546	

efile GRAPHIC print	- DO NOT F	PROCESS	As Filed Data -	•		DLN:	93493309016279	
SCHEDULE F (Form 990)	State	ement of	Activities (	Outside the United States				
(1 51111 555)	► Compl	lete if the organi		res" to Form 990, Part IV, I to Form 990.	ine 14b, 15,	or 16.	2018	
Department of the Treasury Internal Revenue Service	•	Go to www.irs.	gov/Form990 for II	nstructions and the latest ii	nformation.		Open to Public Inspection	
Name of the organization WINROCK INTERNATIONAL FOR AGRICULTURAL DEVEL						Employer iden 71-0603560	tification number	
<b>General In</b> Form 990, F			s Outside the U	<b>Inited States.</b> Comple	ete if the o	rganızatıon a	nswered "Yes" to	
<del>-</del>		=		substantiate the amount stance, and the selection	_			
to award the grants			ne grants or assis	stance, and the selection	i criteria us	seu	✓ Yes □ No	
2 For grantmakers. outside the United S		Part V the org	anization's proce	dures for monitoring the	use of its	grants and oth	ner assistance	
<b>3</b> Activites per Region	(The following	ng Part I, line 3	table can be dupli	cated if additional space is	needed )			
(a) Region		<b>(b)</b> Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	program se speci	y listed in (d) is a ervice, describe fic type of (s) in region	(f) Total expenditures for and investments in region	
See Add'l Data								
							35 450 063	
3a Sub-total b Total from continuation Part I	n sheets to	8	0 500				35,158,962 0	
	and 3b)	0	0 500				35,158,962	

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as taxexempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . . 

Schedule F (Form 990) 2018							Page <b>3</b>
Part III Grants and Otl				<b>ed States.</b> Complete r	f the organization ar	nswered "Yes" to Form 9	990, Part IV, line 16.
	duplicated if addit			1	1		
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Sche	dule F (Form 990) 2018		Page <b>4</b>
Par	t IV Foreign Forms		
1	Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes,"the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	<b>✓</b> Yes	□No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A, don't file with Form 990)		
	Instructions for Forms 3520 and 5520 ft, don't me man form 550)	☐ Yes	<b>☑</b> No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)		
	Corporations (see Instructions for Form 54/1)	$\square$ Yes	<b>✓</b> No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	<b>✓</b> No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)		
		☐ Yes	<b>✓</b> No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, International Boycott Report (see Instruction Boycott Report	$\square_{\vee}$	[ <b>]</b>
	5713, don't file with Form 990)	∐ Yes	<b>✓</b> No

Schedule F (Fo	orm 990) 2018 Page <b>5</b>								
Part V  Supplemental Information Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).									
990 Schedu	990 Schedule F, Supplemental Information								
Return Reference	Explanation								
PART I, LINE 2	WINROCK INTERNATIONAL IMPLEMENTS PROJECTS IN APPROXIMATELY 40 COUNTRIES WORLD-WIDE WINROCK PROJECTS ARE FUNDED BY BOTH DOMESTIC AND INTERNATIONAL FUNDERS, WITH OVER 80% OF FUNDING PROVIDED BY THE U S FEDERAL GOVERNMENT IN 2018 WHEN AWARDED, WINROCK ESTABLISHES A PRESENCE IN THE REQUIRED AREA AND CARRIES OUT THE SCOPE OF WORK INCLUDED WITHIN THE AWARDED PROPOSAL THE THREE MAIN AREAS OF WINROCK'S WORK ARE THE AREAS OF ENTERPRISE & AGRICULTURE, EMPOWERMENT & CIVIC ENGAGEMENT, AND ENVIRONMENT (INCLUDING FORESTRY MANAGEMENT, ENERGY, AND ECOSYSTEM SERVICES) IN ADDITION TO THE WORK PROVIDED WITHIN THE U S, THE PRIMARY REGIONS IN WHICH WINROCK WORKS INCLUDE CENTRAL ASIA, SOUTH/SOUTHEAST ASIA, AFRICA, AND LATIN AMERICA								

### **Additional Data**

# Software ID: Software Version:

**EIN:** 71-0603560

**LIN.** /1 000550

: WINROCK INTERNATIONAL INSTITUTE FOR AGRICULTURAL DEVELOPMENT

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(†) lotal expenditures for region
CENTRAL AMERICA AND THE CARIBBEAN	3	0	PROGRAM SERVICES	CIVIL SOCIETY AND EDUCATION AND CLEAN ENERGY ENVIRONMENT AND WATER	165,609
EAST ASIA AND THE PACIFIC	25	272	PROGRAM SERVICES	CIVIL SOCIETY AND EDUCATION & CLEAN ENERGY ENVIRONMENT AND WATER & ENTERPRISE AND AGRICULTURE & REGIONAL OFFICE	9,939,602

Form 990 Schedule F Par	t I - Activities	Outside The U	Jnited States		
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EUROPE (INCLUDING ICELAND & GREENLAND)	1	1	PROGRAM SERVICES	CLEAN ENERGY ENVIRONMENT AND WATER	167,483
MIDDLE EAST AND NORTH AFRICA	1	0	PROGRAM SERVICES	ENTERPRISE AND AGRICULTURE	

Form 990 Schedule F Par	t I - Activities	Outside The U	Inited States		
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
RUSSIA AND NEIGHBORING STATES	2	1		CLEAN ENERGY ENVIRONMENT AND WATER & ENTERPRISE AND AGRICULTURE	349,640
SOUTH ASIA	15	74		CLEAN ENERGY ENVIRONMENT AND WATER & ENTERPRISE AND AGRICULTURE	11,326,429

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i e , is a program service, for region fundraising, program describe specific type of agents in region service(s) in region services, grants to region recipients located in the region) 151 PROGRAM SERVICES CIVIL SOCIETY AND 12.982.369 SUB-SAHARAN AFRICA 30 IEDUCATION & CLEAN ENERGY ENVIRONMENT AND WATER & IENTERPRISE AND AGRICULTURE & REGIONAL OFFICE SOUTH AMERICA 1 PROGRAM SERVICES CIVIL SOCIETY AND 227,830 EDUCATION & IENTERPRISE AND AGRICULTURE

(i) Method of (b) IRS code (h) Description (f) Manner of (g) Amount of valuation (e) Amount of (a) Name of section (d) Purpose of (c) Region (book, FMV, cash non-cash and EIN(ıf cash grant organization arant non-cash disbursement assistance appraisal, applicable) assistance other) ISOUTH ASIA SUBGRANTS 498,326 IMPLEMENTED BASED ON IFUNDER REQUIREMENTS ISUB-SAHARAN ISUBGRANTS 503.631 IAFRICA IMPLEMENTED BASED ON

Form 990 Schedule F Part II - Grants or Entities Outside The United States

FUNDER REQUIREMENTS

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description (b) IRS code (f) Manner of (g) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (book, FMV, (c) Region non-cash cash organization and EIN(If cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) ISOUTH ASIA ISUBGRANTS 387,795 IMPLEMENTED IBASED ON FUNDER REQUIREMENTS ISUB-SAHARAN ISUBGRANTS 298,936 AFRICA IMPLEMENTED IBASED ON IFUNDER REQUIREMENTS

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description (b) IRS code (f) Manner of (g) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, non-cash cash organization and EIN(If cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) ISOUTH ASIA ISUBGRANTS 196,119 IMPLEMENTED IBASED ON FUNDER REQUIREMENTS ISUB-SAHARAN ISUBGRANTS 188,257 AFRICA IMPLEMENTED IBASED ON IFUNDER REQUIREMENTS

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description (b) IRS code (f) Manner of (g) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (book, FMV, (c) Region non-cash cash organization and EIN(If cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) LEAST ASIA SUBGRANTS 182,597 IAND THE IMPLEMENTED PACIFIC IBASED ON FUNDER REQUIREMENTS ISUB-SAHARAN ISUBGRANTS 139,798 AFRICA IMPLEMENTED IBASED ON IFUNDER REQUIREMENTS

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description (b) IRS code (f) Manner of (g) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (book, FMV, (c) Region non-cash cash organization and EIN(If cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) LEAST ASIA SUBGRANTS 129,977 IAND THE IMPLEMENTED PACIFIC IBASED ON FUNDER REQUIREMENTS ISUB-SAHARAN ISUBGRANTS 98,529 AFRICA IMPLEMENTED IBASED ON IFUNDER REQUIREMENTS

Form 990 Schedule F Part II - Grants or Entities Outside The United States (I) Method of (h) Description l(b) IRS codel (f) Manner of (q) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, cash non-cash and EIN(If organization cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) least asia ISUBGRANTS 92.626 IAND THE IIMPLEMENTED PACIFIC BASED ON FUNDER REQUIREMENTS EAST ASIA ISUBGRANTS 85.109 IAND THE IMPLEMENTED PACIFIC BASED ON IFUNDER REQUIREMENTS

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description l(b) IRS codel (f) Manner of (q) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, non-cash cash organization and EIN(If cash grant grant non-cash disbursement appraisal, assistance applicable) assistance other) ISOUTH ASIA ISUBGRANTS 64,890 IMPLEMENTED IBASED ON IFUNDER. REQUIREMENTS 51,785 ISOUTH ASIA ISUBGRANTS IMPLEMENTED IBASED ON IFUNDER REQUIREMENTS

Form 990 Schedule F Part II - Grants or Entities Outside The United States (I) Method of (h) Description l(b) IRS codel (f) Manner of (q) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, cash non-cash and EIN(If organization cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) least asia ISUBGRANTS 36.336 IAND THE IIMPLEMENTED PACIFIC BASED ON FUNDER REQUIREMENTS EAST ASIA ISUBGRANTS 25.004 IAND THE IMPLEMENTED PACIFIC BASED ON IFUNDER REQUIREMENTS

Form 990 Schedule F Part II - Grants or Entities Outside The United States (I) Method of (h) Description l(b) IRS codel (f) Manner of (q) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, cash non-cash and EIN(If organization cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) least asia ISUBGRANTS 18.682 IAND THE IIMPLEMENTED PACIFIC BASED ON FUNDER REQUIREMENTS EAST ASIA ISUBGRANTS 9.215 IAND THE IMPLEMENTED PACIFIC BASED ON IFUNDER **IREQUIREMENTS** 

DLN: 93493309016279 Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. OMB No 1545-0047 Schedule I **Grants and Other Assistance to Organizations**, (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public ▶ Attach to Form 990. Department of the Inspection ▶ Go to www.irs.gov/Form990 for the latest information. Treasury Internal Revenue Service Name of the organization Employer identification number WINROCK INTERNATIONAL INSTITUTE 71-0603560 FOR AGRICULTURAL DEVELOPMENT Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 1 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete If the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant (if applicable) organization cash (book, FMV, appraisal, noncash assistance or assistance grant or government assistance other) (1) See Additional Data (4)(5)(6)(7)(8)(9)(10)(11)(12)Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50055P Schedule I (Form 990) 2018

Schedule I (Form 990) 2018

Explanation

Return Reference

## Additional Data

WASHINGTON, DC 20006

1500 WALNUT STREET SUITE

PHILADELPHIA, PA 19102

OVERSEAS STATEGIC

CONSULTING LTD &

**SUBSIDIARIES** 

1300

# Software ID: Software Version:

23-2720769

EIN: 71-0603560

Name: WINROCK INTERNATIONAL INSTITUTE FOR AGRICULTURAL DEVELOPMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-

or government				assistance	otner)	
AMERICAN NATIONAL RED CROSS 431 18TH ST NW	53-0196605	501(C)(3)	229,792		CASH	

grant cash

(q) Description of (f) Method of valuation non-cash assistance

(h) Purpose of grant or assistance

SUBGRANTS IMPLEMENTED BASED ON FUNDER

SUBGRANTS

ON FUNDER

REQUIREMENTS

REQUIREMENTS

IMPLEMENTED BASED

if applicable (book, FMV, appraisal, organization

163,736

CASH

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization arant cash or assistance or aovernment assistance other) 47-3193629 119.452 **ICASH** SUBGRANTS INNOVER OSEZ 8 CRAIGIE CIRCLE APT 45 IMPLEMENTED BASED ON FUNDER REQUIREMENTS

ON FUNDER REQUIREMENTS

CAMBRIDGE, MA 02138

Form 990. Schedule I. Part II. Grants and Other Assistance to Domestic Organizations and Domestic Governments.

DENVER, CO 80205

INTL DEVMT ENTERPRISES-CO 23-2220051 501(C)(3) 115.005 CASH SUBGRANTS 1031 33RD STREET SUITE 270 IMPLEMENTED BASED

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance SNV USA 90-0756603 501(C)(3) 100.671 CASH SUBGRANTS 7514 WISCONSIN AVE STE IMPLEMENTED BASED ON FUNDER 400 BETHESDA, MD 20814 REQUIREMENTS 46-5073914 57.739 CASH SUBGRANTS HELLO TRACTOR

IMPLEMENTED BASED

ON FUNDER
REQUIREMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

80 M STREET SE

WASHINGTON, DC 20003

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 29.549 CASH BURRO LLC 26-2971254 SUBGRANTS

ON FUNDER

REQUIREMENTS

608 W LEE ST IMPLEMENTED BASED SEATTLE, WA 98119 ON FUNDER REQUIREMENTS

41-1400421 28.367 CASH SUBGRANTS COMPATIBLE TECHNOLOGY INTERNATIONAL IMPLEMENTED BASED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

800 TRANSFER RD 6 ST PAUL, MN 55114

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization arant cash or assistance or aovernment assistance other) LAND STEWARDSHIP PROJECT 41-1466054 501(C)(3) 24.811 **ICASH** SUBGRANTS 821 E 35TH STREET SUITE 2001 IMPLEMENTED BASED ON FUNDER REQUIREMENTS SUBGRANTS

IMPLEMENTED BASED

ON FUNDER REQUIREMENTS

MINNEAPOLIS, MN 55407 DEVRESULTS 20-0763349 21.000 CASH

Form 990. Schedule I. Part II. Grants and Other Assistance to Domestic Organizations and Domestic Governments.

641 S STREET NW3RD FLOOR

WASHINGTON, DC 20001

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 41-1671893 501(C)(3) 15.166 CASH SUBGRANTS SUSTAINABLE FARMING ASSN

OF MINNESOTA IMPLEMENTED BASED 4924 UPTON AVE S ON FUNDER MINNEAPOLIS.MN 55410

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

BERKELEY, CA 94704

REQUIREMENTS SUSTAINABLE AGRICULTURE 91-2161389 501(C)(3) 5.000 CASH SUBGRANTS

REQUIREMENTS

EDUCATION

IMPLEMENTED BASED 2150 ALLSTON WAY STE 320 ON FUNDER

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 501(C)(3) 5.000 COMMONWEALTH KITCHEN 27-0648497 **ICASH** SUBGRANTS INC IMPLEMENTED BASED ON FUNDER DORCHESTER, MA 02121 REQUIREMENTS 501(C)(3) 5.000 CASH SUBGRANTS

IMPLEMENTED BASED

ON FUNDER REQUIREMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

196 QUINCY STREET LA SEMILLA FOOD CENTER

ANTHONY, NM 88021

PO BOX 2579

27-2486484

efil	e GRAPHIC pr	int - DO NOT PROCESS As File	d Dat	a -	DLN: 934	19330	9016	279	
Sch	edule J	Comper	ısat	ion Information	OM	1B No	1545-0	0047	
(For	n 990)	For certain Officers, Direc	tors, <sup>-</sup>	Frustees, Key Employees, and Hig	hest				
		Con  ▶ Complete if the organization	ipens	ated Employees vered "Yes" on Form 990, Part IV,	line 23.	20	2018		
		<b>&gt;</b>	Attacl	ı to Form 990.					
•	tment of the Treasury al Revenue Service	► Go to <u>www.irs.gov/Forms</u>	<u>90</u> toi	instructions and the latest inform	nation.		to Pul ectio		
	me of the organiza				Employer identificat	ion nu	ımber		
	ROCK INTERNATION AGRICULTURAL DE				71-0603560				
Pa	rt I Questi	ons Regarding Compensation		•					
							Yes	No	
1a		piate box(es) if the organization provided ection A, line 1a Complete Part III to pro							
	First-class or charter travel  Housing allowance or residence for personal use								
		companions	님	Payments for business use of persoi					
		ification and gross-up payments	H	Health or social club dues or initiation Personal services (e.g., maid, chauf					
	Discretion	ary spending account		rersonal services (e.g., maid, chaul	reur, cher)				
b		es in line 1a are checked, did the organiz Il of the expenses described above? If "No			nent or reimbursement	1b	Yes		
2		tion require substantiation prior to reimb es, officers, including the CEO/Executive l			152	2	Yes		
	unectors, truste	es, officers, including the CEO/Executive	JII ECIL	r, regarding the items checked in line	: та				
3		f any, of the following the filing organizat EO/Executive Director Check all that app			ne				
	_	d organization to establish compensation	,	•	n Part III				
	✓ Compensa	ition committee	<b>~</b>	Written employment contract					
		ent compensation consultant	<u>~</u>	Compensation survey or study					
		of other organizations	<b>✓</b>	Approval by the board or compensa	tion committee				
4	During the year related organiza	did any person listed on Form 990, Part	VII, Se	ection A, line 1a, with respect to the fi	ling organization or a				
_	_	ance payment or change-of-control payme	n+2			4a		No	
a b		receive payment from, a supplemental n		lified retirement plan?		4b		No	
c	•	receive payment from, an equity-based		· ·		4c		No	
	If "Yes" to any o	f lines 4a-c, list the persons and provide	he ap	olicable amounts for each item in Part	: III				
	Only E01(a)(2	), 501(c)(4), and 501(c)(29) organiza	tions	must complete lines E-0					
5		d on Form 990, Part VII, Section A, line 1							
		ontingent on the revenues of	-,	<b></b>					
а	The organization	۶				5a		No	
b	Any related orga					5b		No	
	•	5a or 5b, describe in Part III							
6		d on Form 990, Part VII, Section A, line 1 ontingent on the net earnings of	a, dıd	the organization pay or accrue any					
a	The organization					6a		No	
b	Any related orga					6b		No_	
7	•	6a or 6b, describe in Part III	اد.اد	the avanting provide and a second	4				
7	payments not d	d on Form 990, Part VII, Section A, line 1 escribed in lines 5 and 6? If "Yes," describ	e in Pa	art III	u	7		No	
8		nts reported on Form 990, Part VII, paid of till training the second on Regulation described in Regu			escribe				
					_	8		No	
9	If "Yes" on line 5 53 4958-6(c)?	3, did the organization also follow the reb	uttable	presumption procedure described in	Regulations section	9			
For E		ction Act Notice, see the Instructions	for F	orm 990 Cat No 5	50053T Schedule 1		2 990)	2018	

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

Part II Officers, Directors, Trustees, Rey Employees, and Ting								
or each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII  **Individual**  *								
<b>Note.</b> The sum of columns (B)( $\iota$ )-( $\iota$ ) for each listed individual must equal the tot	<u>al amount of Fo</u> r	<u>rm 990, Part VII, Se</u>	≥ction A, line 1a, a	pplicable column (ر	<u>ン) and (E) amour</u>	nts for that indi	vidual	
(A) Name and Title	(B) Breal	compensation and other benefits			( <b>D)</b> Nontaxable benefits	columns	Compensation in	
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	deferred compensation		(B)(ı)-(D)	column (B) reported as deferred on prior Form 990	
See Additional Data Table						•		
	1	1	1		1	I	1	
							!	
				+				
	+			+				
				+				
1-		-		+				
1								

Schedule 3 (1 0/11/ 330) 2010	raye <b>3</b>							
Part III Supplemental Information								
Provide the information, explanation, or	Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information							
Return Reference	Explanation							
·	WINROCK ALLOWS EXECUTIVE MANAGEMENT TO FLY BUSINESS CLASS ON INTERNATIONAL TRIPS WHEN THE ONE-WAY, TOTAL FLIGHT TIME BETWEEN COUNTRY OF ORIGIN AND DESTINATION COUNTRY IS EIGHT HOURS OR MORE FIRST CLASS TRAVEL IS NOT ALLOWED, BUT WAS PERMITTED FOR 11 TRIPS DURING 2018 IN ACCORDANCE WITH POLICY BECAUSE THE AIRLINE DID NOT MAKE A DISTINCTION IN FARE BETWEEN BUSINESS CLASS AND FIRST CLASS STAFF,							

CIRCUMSTANCES WITH SUPERVISOR APPROVAL

ICONSULTANTS AND VOLUNTEERS MAY UTILIZE BUSINESS CLASS TRAVEL FOR MEDIAL AND EMERGENCY EVACUATIONS AND IN OTHER EXTRAORDINARY

Schedule 1 (Form 990) 2018

Additional Data	а							
			Software ID:					
			<b>Software Version:</b>					
			EIN:	71-0603560				
			Name:	WINROCK INTERNAT				
Form 990, Schedule	: J,	Part II - Officers, Di	irectors, Trustees, K	ey Employees, and I	Highest Compensate	d Employees		
(A) Name and Title		(B) Breakdown	of W-2 and/or 1099-MISC	Compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column (B) reported as deferred on prior Form 990
RODNEY FERGUSON PRESIDENT AND CEO	(1)	501,398	59,100	0	46,000	17,792	624,290	0
	(11)	0	0	0	0	0	0	0
MICHAEL MYERS SR VP - CFO & TREASURER	(1)	247,600	35,284	0	24,228	16,903	324,015	0
	(11)	o	0	0	0	0	0	0
JOYJIT DEB ROY SR VICE PRES, PROGRAMS	(1)	246,591	35,143	0	24,538	16,903	323,175	0
	(11)	0	0	0	0	0	0	0
MARY JANE JAMAR VP AND CHRO	(1)	219,359	27,988	0	21,634	7,688	276,669	0
	(11)	0	О	0	0	0	0	0
MALIKA MAGAGULA VP OPERATIONS	(1)	212,990	0	0	21,000	7,688	241,678	0
	(11)	0	o	0	o	0	0	0

78,293

600

108,516

103,733

18,818

25,388

23,876

17,980

20,159

18,804

16,903

13,145

14,403

31,179

328,812

332,448

303,047

323,194

357,663

0

JOHN ADAM DORR

CHRISTOPHER GALLAGHER

SVP BUS DEV & EXTERNAL

BRAULIO OLIVEIRA CHIEF INFORMATION

WILLIAM DAVID SPARKS CHIEF OF PARTY

NIMISH JHAVERI CHIEF OF PARTY

CHIEF OF PARTY

AFF

OFFICER

(1)

(11)

(1)

(11)

(1)

(11)

(1)

(11)

(1)

(11)

200,897

255,157

242,176

182,295

202,592

12,000

35,000

23,250

efile GRAPHIC print - DO NOT PROCESS As Filed Data -Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. Schedule K (Form 990)

Department of the Treasury

17

Part Ⅲ

**Private Business Use** 

## **Supplemental Information on Tax-Exempt Bonds**

► Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

▶ Attach to Form 990.

OMB No 1545-0047

Inspection

DLN: 93493309016279

▶Go to www.irs.gov/Form990 for the latest information.

Internal Revenue Service Name of the organization Employer identification number WINROCK INTERNATIONAL INSTITUTE 71-0603560 FOR AGRICULTURAL DEVELOPMENT Part I Bond Issues (g) Defeased (i) Pool (a) Issuer name (b) Issuer EIN (c) CUSIP # (d) Date issued (e) Issue price (f) Description of purpose (h) On behalf of financing ıssuer Yes No Yes No Yes No ARKANSAS DEVELOPMENT 71-0503641 04108KA99 09-08-2014 185,000 PROCEEDS USED TO REFUND Х Χ Χ FINANCE AUTHORITY PRIOR ISSUANCE USED FOR CONSTRUCTION OF HQ OFFICE ARKANSAS DEVELOPMENT 71-0503641 04108KB23 09-08-2014 195,000 PROCEEDS USED TO REFUND Χ Χ Х FINANCE AUTHORITY PRIOR ISSUANCE USED FOR CONSTRUCTION OF HQ OFFICE ARKANSAS DEVELOPMENT 71-0503641 04108KB31 09-08-2014 200,000 PROCEEDS USED TO REFUND Х Х Х FINANCE AUTHORITY PRIOR ISSUANCE USED FOR CONSTRUCTION OF HQ OFFICE 09-08-2014 ARKANSAS DEVELOPMENT 71-0503641 PROCEEDS USED TO REFUND Χ Х 04108KB49 200,000 FINANCE AUTHORITY PRIOR ISSUANCE USED FOR CONSTRUCTION OF HQ OFFICE Part  ${
m I\hspace{-.1em}I}$ **Proceeds** C Α В D 185,000 2 3 

4 5 6 7 8 9 10 11 12 13 Yes Νo Yes No Yes No Yes No Were the bonds issued as part of a current refunding issue? . . . . Χ Χ Χ Χ 14 Were the bonds issued as part of an advance refunding issue? . . . . . Χ 15 Χ Х Χ Has the final allocation of proceeds been made? . . . . . . . . . . . Χ Х Χ 16 Х

Was the organization a partner in a partnership, or a member of an LLC, which owned property Are there any lease arrangements that may result in private business use of bond-financed

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Does the organization maintain adequate books and records to support the final allocation of

		X
at	No	50193

Α

Yes

Χ

No

Χ

Yes

Χ

No

Χ

Χ

Schedule K (Form 990) 2018

Yes

Χ

No

Х

D

Χ

No

Χ

Χ

C

Yes

6

8a

Part IV

b

C

Arbitrage

Χ

No

Х

Χ

Χ

Χ

Х

Page 2

	Bolla illiancea property				
Ь	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?				
С	Are there any research agreements that may result in private business use of bond-financed property?	X	X	X	Х

Χ

Χ

Χ

No

Χ

Χ

Х

Χ

Χ

X

В

Yes

Χ

No

Χ

Χ

Χ

Χ

Χ

Χ

Α

Yes

Х

Х

Yes

Х

Х

Х

Schedule K (Form 990) 2018

Yes

D

Χ

No

Χ

Χ

Χ

Х

Χ

Х

C

If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?

Enter the percentage of financed property used in a private business use by entities other than

a section 501(c)(3) organization or a state or local government . . . . . Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3)

organization, or a state or local government

Penalty in Lieu of Arbitrage Rebate? . . . If "No" to line 1, did the following apply?...

Rebate not due yet? . . . . . . .

Exception to rebate? . . . . . . . . . . . .

If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed . . . . . . Is the bond issue a variable rate issue? . . . . .

Was the hedge superintegrated? . . . . . 

hedge with respect to the bond issue?

the issue are remediated in accordance with the requirements under

Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and

Has the organization or the governmental issuer entered into a qualified

Does the bond issue meet the private security or payment test? . . .

Has there been a sale or disposition of any of the bond-financed property to a

nongovernmental person other than a 501(c)(3) organization since the bonds were

If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . . . If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12

Has the organization established written procedures to ensure that all nonqualified bonds of

Yes

Yes

**Supplemental Information.** Provide additional information for responses to questions on Schedule K (see instructions).

No

Χ

Χ

Yes

Nο

Explanation

В

No

Yes

No

Yes

No

Page 3

No

D

D

Nο

Yes

Schedule K (Form 990) 2018

Yes

Part IV	Arbitrage (Continued)		
			Α.
		Yes	No

Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program

Were gross proceeds invested in a guaranteed investment contract

Was the regulatory safe harbor for establishing the fair market value of

Were any gross proceeds invested beyond an available temporary

Has the organization established written procedures to monitor the

**Procedures To Undertake Corrective Action** 

if self-remediation is not available under applicable regulations?

the GIC satisfied? . . . . . . . . .

requirements of section 148? . . .

Return Reference

Schedule K (Form 990) 2018

(GIC)?

period?

Part VI

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(Form 990)

**Supplemental Information on Tax-Exempt Bonds** 

▶ Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

OMB No 1545-0047 2018

DLN: 93493309016279

			explanations	s, and any additiona	l information	ı in Par	tⅥ.						- 0 -		
	artment of the Treasury			► Attach to Form 9									en to l		
	nal Revenue Service   e of the organization		▶Go to <u>www</u>	<u>.irs.gov/Form990</u> fo	r the latest i	ntorma	ition.			Emp	loyer iden		inspeci n numb		
WIN	ROCK INTERNATIONAL INSTITUT	E								-	0603560				
	AGRICULTURAL DEVELOPMENT  THE Bond Issues														
(a) Issuer name (b) Issuer EIN (c) CUSIP # (d) Date issued					(e) Issue	price	(f)	Descript	ion of purpose	(a)	Defeased	(h) On (i) Po			Pool
	(4) 25525 1155	(=) =====	(6) 60511 #	(d) Date issued	(e) issue price		(7)			(3)		beh	alf of		ncing
									Va	- N-		uer	V	N.a.	
	ARKANSAS DEVELOPMENT	71-0503641	04108KB56	09-08-2014	2	05 000	PROCEE	DS USED	TO REFLIND	Ye	No X	Yes	No X	Yes	No X
	FINANCE AUTHORITY	71 0303041	0410011050	03 00 2014			PROCEEDS USED TO REFUND PRIOR ISSUANCE USED FOR CONSTRUCTION OF HQ OFFICE			.	^		^		^
							CONSTR	COCTION	•						
В	ARKANSAS DEVELOPMENT	71-0503641	04108KB64	09-08-2014	2	15,000	1		TO REFUND		Х		Х		Х
	FINANCE AUTHORITY				I		PRIOR ISSUANCE USED FOR CONSTRUCTION OF HQ OFFICE			.					
							CONOTI								
С	ARKANSAS DEVELOPMENT FINANCE AUTHORITY			09-08-2014	2	20,000	PROCEEDS USED TO REFUND PRIOR ISSUANCE USED FOR				X		X		X
	FINANCE AUTHORITI							RUCTION	:						
_	ARIVANICAS REVELORMENT	74 0502644	0.44.001/.000	00.00.2014	4.3	50.000	DDOCEE	DC LICED	TO DEFUND						\
D	ARKANSAS DEVELOPMENT FINANCE AUTHORITY	71-0503641	04108KB80	09-08-2014	1,2	50,000			TO REFUND USED FOR		X		X		X
							CONSTR	RUCTION	OF HQ OFFICE						
Pa	rt II Proceeds														
						Α			В		С				
1	Amount of bonds retired								_						
2	Amount of bonds legally defeas	sed													
3	Total proceeds of issue														
4	Gross proceeds in reserve fund	ls													
5	Capitalized interest from proce	eds													
6	Proceeds in refunding escrows														
7	Issuance costs from proceeds .														
8	Credit enhancement from proce	eeds													
9	Working capital expenditures fi	rom proceeds													
10	Capital expenditures from proc	eeds													
11	Other spent proceeds														
12	Other unspent proceeds														
13	Year of substantial completion														
					Yes	No	<b>)</b>	Yes	No	Yes	No		Yes		No
14	Were the bonds issued as part	of a current refunding	ıssue?			X			x		×				X
15	Were the bonds issued as part	of an advance refundir	ng issue?			Х			Х		X				Χ
16	Has the final allocation of proce	eeds been made?				Х			X		×				X
17	Does the organization maintain					X			X		X				X
I	proceeds?					^			^		1 ^				^
126	rt Ⅲ Private Business U	se							<u> </u>		•	1			
					1 4	Α	I		В		С			D	

Was the organization a partner in a partnership, or a member of an LLC, which owned property

Are there any lease arrangements that may result in private business use of bond-financed

No

Χ

Yes

No

Х

Χ

Yes

No

Χ

Yes

Yes

No

Χ

6

8a

Part IV

b

C

Arbitrage

Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3)

Penalty in Lieu of Arbitrage Rebate? . . . If "No" to line 1, did the following apply?...

Rebate not due yet? . . . . . . .

Exception to rebate? . . . . . . . . .

If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed . . . . . . Is the bond issue a variable rate issue? . . . .

Term of hedge . . . . . . . . . Was the hedge superintegrated? . . . . . . 

hedge with respect to the bond issue?

the issue are remediated in accordance with the requirements under

Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and

Has the organization or the governmental issuer entered into a qualified

Does the bond issue meet the private security or payment test? . . .

Has there been a sale or disposition of any of the bond-financed property to a

nongovernmental person other than a 501(c)(3) organization since the bonds were

If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . . . If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12

Has the organization established written procedures to ensure that all nonqualified bonds of

Х

Χ

Χ

No

Χ

Χ

Х

Χ

Χ

Χ

В

Yes

Χ

No

Χ

Χ

Χ

Χ

Χ

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Yes

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No

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Page 2

Χ

Χ

No

Х

Χ

Χ

Х

D

Schedule K (Form 990) 2018

Yes

С	Are there any research agreements that may result in private business use of bond-financed property?	×	×	Х	
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?			_	
4	Enter the percentage of financed property used in a private business use by entities other than a section $501(c)(3)$ organization or a state or local government $\blacktriangleright$				

Α

Yes

Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program

Yes

Α

Nο

Explanation

Yes

Х

**Supplemental Information.** Provide additional information for responses to questions on Schedule K (see instructions).

No

Χ

Χ

Yes

В

No

Yes

No

Yes

No

Page 3

No

D

D

Nο

Yes

Schedule K (Form 990) 2018

Yes

Schedule K (Form 990) 2018

Arbitrage (Continued)

Were gross proceeds invested in a guaranteed investment contract

Was the regulatory safe harbor for establishing the fair market value of

Were any gross proceeds invested beyond an available temporary

Has the organization established written procedures to monitor the

**Procedures To Undertake Corrective Action** 

if self-remediation is not available under applicable regulations?

Term of GIC . . . . . . . . . .

the GIC satisfied? . . . . . . . . .

requirements of section 148? . . .

Return Reference

Part IV

(GIC)?

period?

Part VI

ef	ile GRAPHIC print - DO NO	T PROCESS As I	Filed Data -									DLN: 9	34933	0901	6279
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	chedule K	Sur	nlemental	Information o	n Tay-F	:vem	nt B	Ronds				OMB N	No 1545	5-0047	
(F	orm 990)			swered "Yes" to Form					criptions,			2	01	R	
		•		s, and any additional	information				•						
	artment of the Treasury rnal Revenue Service		▶Go to www.	► Attach to Form 99 irs.gov/Form990 for		nforma	tion.						en to Pu Ispectio		
Nan	ne of the organization	- <b>-</b>								Emplo	yer iden	tification			
	NROCK INTERNATIONAL INSTITUT R AGRICULTURAL DEVELOPMENT	E								71-06	03560				
P	art I Bond Issues														
	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue	price	(	f) Descripti	on of purpose	(g) De	efeased	(h)			Pool
												behal ıssu		rınar	ncing
										Yes	No	Yes	No	Yes	No
Α	ARKANSAS DEVELOPMENT	71-0503641	04108KB98	09-08-2014	1,5				TO REFUND		X		Х		X
	FINANCE AUTHORITY							ISSUANCE TRUCTION (	OF HQ OFFICE						
P	art II Proceeds				T										
1	Amount of bonds retired				,	Α			B	C				D	
	Amount of bonds legally defeat														
<u>-</u>	Total proceeds of issue														
<u>-3</u>	Gross proceeds in reserve fund						_								
<del>-</del> -	Capitalized interest from proce						_								
6	Proceeds in refunding escrows														
<del>-</del> 7	Issuance costs from proceeds														
<del></del>	Credit enhancement from proc														
<u> </u>	Working capital expenditures f														
10	Capital expenditures from proc														
11	Other spent proceeds														-
12															
13	Year of substantial completion														
					Yes	No	,	Yes	No	Yes	No		Yes		No
14	Were the bonds issued as part	of a current refunding	ıssue?	ı		Х									
15	Were the bonds issued as part	of an advance refundi	ng issue?			Х									
16	Has the final allocation of proc	eeds been made?				Х									
17	Does the organization maintain proceeds?					Х									
P	art Ⅲ Private Business U				•		•		·						
						A		E	В	Ç				D	
	Mara Mara anno 1			and a state of the	Yes	No	<u> </u>	Yes	No	Yes	No		Yes	-	No
1	Was the organization a partner financed by tax-exempt bonds					X									
2	Are there any lease arrangeme			e of bond-financed		Х									
F	property?	ico coo the Tretruct	iona for Form 000			t No Er	11025				· ·	shodulo	V /Fox	m 000	1) 2018

d

6

Part IV

b

C

Arbitrage

Page 2

D

Schedule K (Form 990) 2018

No

Yes

C D Yes Nο Yes No Yes No Yes No Are there any management or service contracts that may result in private business use of Χ

Х

Χ

Χ

Yes

В

No

C

No

Yes

If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside b counsel to review any management or service contracts relating to the financed property? Are there any research agreements that may result in private business use of bond-financed C Χ 

Α

No

Χ

Χ

Χ

Χ

Χ

Х

Yes

If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?

Enter the percentage of financed property used in a private business use by entities other than

If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . . . If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12

Has the organization established written procedures to ensure that all nonqualified bonds of

a section 501(c)(3) organization or a state or local government . . . . . Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3)

Penalty in Lieu of Arbitrage Rebate? . . . If "No" to line 1, did the following apply?...

Rebate not due yet? . . . . . . .

Exception to rebate? . . . . . . . . . . . .

If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed . . . . . . Is the bond issue a variable rate issue? . . . . .

Was the hedge superintegrated? . . . . . 

hedge with respect to the bond issue?

the issue are remediated in accordance with the requirements under

Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and

Has the organization or the governmental issuer entered into a qualified

Does the bond issue meet the private security or payment test? . . .

Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were

Yes

Yes

Nο

Explanation

Х

**Supplemental Information.** Provide additional information for responses to questions on Schedule K (see instructions).

No

Yes

Yes

No

No

Yes

No

Page 3

No

D

D

Nο

Yes

Schedule K (Form 990) 2018

Yes

Part IV	Arbitrage (Continued)		
			4
		Yes	No

Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program

Were gross proceeds invested in a guaranteed investment contract

Was the regulatory safe harbor for establishing the fair market value of

Were any gross proceeds invested beyond an available temporary

Has the organization established written procedures to monitor the

**Procedures To Undertake Corrective Action** 

if self-remediation is not available under applicable regulations?

the GIC satisfied? . . . . . . . . .

requirements of section 148? . . .

**Return Reference** 

Schedule K (Form 990) 2018

(GIC)?

period?

Part VI

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chedule L Form 990 or 990	J-EZ) ► Cor	nplet	e if the org	anizat	ion a	swered "Yes	on Form 9	d Persor 90, Part IV, li , line 38a or 4	nes 2	25a, 2	25b, 20		MB No		
				<b>•</b>	Attac	h to Form 990	0 or Form 99	0-EZ.					2(	)]	8
epartment of the Tres	I		▶Go t	o <u>wwi</u>	w.irs.o	gov/Form990	or the late	st informatio	n.			•	Open	to P	ublic
ternal Revenue Serv Name of the org									Er	nplo	yer ide	entifica		oecti numb	
WINROCK INTERNA FOR AGRICULTURA									,		3560				
			sactions (	section	501(	c)(3), section !	501(c)(4), and	501(c)(29) or							
Comp	lete if the org	anızat	tion answere		on Fo	orm 990, Part	IV, line 25a or	25b, or Form	990-E	Z, Pa	rt V, III				
1 (a	) Name of dis	qualıf	ied person		(b) F		etween disqua organization	lified person ar	nd		Descript ansacti			es Cor	rected?
					1					•			+	es	No
									+						
									+						
Cor	orted an amor	rganiz unt or ship	zation answe n Form 990,	ered "Yo Part X,	es" on line 5 Loan t orgar	Form 990-EZ, i, 6, or 22 o or from the nization?	(e)Original principal amount	8a, or Form 99 (f)Balance due	(g) defa	) In nult?	Appro boa comm	h) ved by rd or nittee?	<b>(</b>	<b>i)</b> Writ greem	ten ent?
				Т	0	From			Yes	No	Yes	No	Yes		No
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otal	1					<u> </u>	<u>'</u> ▶ \$				<u> </u>	<u> </u>			
							·								
				_		sted Person		l 27							
a) Name of Inter			nization an Relationshir			s" on Form 9 (c) Amount (		(d) Type (	of assi	stanc	·	<b>(e)</b> Pu	rnose (	of ass	stance
a) Name of filter	ested person		erested perso organizat	n and		(c) Amount	or assistance	(a) Type (	JI 4331			(c) i u		JI 433	
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or Paperwork Red	luction Act Not	ice s	ee the Instru	ctions f	for For	m 990 or 990-F	<b>:7</b> . ∩:	at No 50056A		اءع	hadula l	L (Form	000 ~	- 000	E7) 20:

Part IV Business Transactions Inv Complete if the organization			a, 28b, or 28c.		
(a) Name of Interested person	(b) Relationship between interested person and the organization	<b>(c)</b> Amount of transaction	(d) Description of transaction	(e) Sh o organiz reven	f atıon's
				Yes	No
(1) PETER O'NEILL	WINROCK BOARD MEMBER AND BOARD MEMBER FOR ROCKEFELLER CAPITAL MANAGEMENT	186,313	INVESTMENT ADVISORY FEES		No
(2) MIKE MYERS	WINROCK OFFICER AND BOARD MEMBER AT	150,293	INTEREST EARNED ON DEPOSITS		No

SOUTHERN BANCORP

**Explanation** 

Provide additional information for responses to questions on Schedule L (see instructions)

**Return Reference** 

**Supplemental Information** 

Part V

Schedule L (Form 990 or 990-EZ) 2018

efile GRAPH	IC print -	DO NOT PROCESS	As Filed Data -		DLN:	93493309016279
SCHEDUL (Form 990 or EZ)	990-	Complete to pro Form 990 o	tal Information for side information for 990-EZ or to prov  Attach to Form	ions on n.	OMB No 1545-0047  2018  Open to Public Inspection	
Name Setherofg WINROCK INTERNA FOR AGRICULTURA 990 Schedule	ATIONAL INSTI AL DEVELOPMEI		n		Employer identi 71-0603560	fication number
Return Reference				Explanation		
FORM 990 PART I LINE 5 AND PART V LINE 2A				ORLDWIDE EMPLOYEE COUNT DM THE FORM W-3 AND INCLU		

Return Explanation
Reference

FORM 990, BOARD MEMBERS PETER O'NEILL AND WILL ROCKEFELLER ARE RELATED

PART VI,

SECTION A,

LINE 2

Return Explanation
Reference

FORM 990, FINANCE MANAGEMENT AND THE TAX PREPARER PRESENTED THE FORM 990 TO THE AUDIT COMMITTEE AT THEIR RECOMMENDATION, ALL MEMBERS OF THE BOARD WERE PROVIDED A COMPLETE COPY PRIOR TO FILING 11B

FORM 990, PART VI, SECTION B, LINE 12C  ANNUALLY, BOARD MEMBERS, EXECUTIVE TEAM MEMBERS, AND ALL EMPLOYEES ARE FURNISHED THE CODE OF CONDUCT (CODE), WHICH INCLUDES THE CONFLICTS OF INTEREST POLICY EACH BOARD AND STAFF MEMBER IS REQUIRED TO (I) CERTIFY THAT THEY HAVE READ, UNDERSTAND, AND WILL COMPLY WITH THE CODE AND (II) PURSUANT TO THE POLICY, IDENTIFY AND DISCLOSE ANY KNOWN OR POTENTIAL CONFLICTS OF INTERESTS FOR APPROVAL BY THE COMPLIANCE OFFICE PRIOR TO PROCEEDING FOR DIRECTORS, OFFICERS, AND THE EXECUTIVE TEAM, THE COMPLIANCE OFFICE FURTHER PROVIDES A DISCLOSURE FOR M TO EACH INDIVIDUAL, ANNUALLY, TO CERTIFY THAT NO CONFLICTS HAVE ARISEN IN THE PAST YEAR EVERY CONFLICT DISCLOSURE IS REVIEWED THE COMPLIANCE OFFICE TO DETERMINE THE IMPACT ON WINROCK, WHETHER THE ACTION CAN PROCEED, AND APPROPRIATE MITIGATION STEPS, IF NECESSARY	Return Reference	Explanation
	PART VI, SECTION B,	OF CONDUCT (CODE), WHICH INCLUDES THE CONFLICTS OF INTEREST POLICY EACH BOARD AND STAFF M EMBER IS REQUIRED TO (I) CERTIFY THAT THEY HAVE READ, UNDERSTAND, AND WILL COMPLY WITH THE CODE AND (II) PURSUANT TO THE POLICY, IDENTIFY AND DISCLOSE ANY KNOWN OR POTENTIAL CONFLICTS OF INTERESTS FOR APPROVAL BY THE COMPLIANCE OFFICE PRIOR TO PROCEEDING FOR DIRECTORS, OFFICERS, AND THE EXECUTIVE TEAM, THE COMPLIANCE OFFICE FURTHER PROVIDES A DISCLOSURE FOR M TO EACH INDIVIDUAL, ANNUALLY, TO CERTIFY THAT NO CONFLICTS HAVE ARISEN IN THE PAST YEAR EVERY CONFLICT DISCLOSURE IS REVIEWED THE COMPLIANCE OFFICE TO DETERMINE THE IMPACT ON WI

990 Schedule O, Supplemental Information

Return Explanation

Reference

ľ	FORM 990,	A COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS USES COMPENSATION SURVEYS AND OTHER RES
	PART VI,	OURCES TO DETERMINE THE APPROPRIATE COMPENSATION FOR THE CEO THE DECISION BY THE COMPENSA
	SECTION B,	TION COMMITTEE IS THEN APPROVED BY THE FULL BOARD BEFORE BEING FINALIZED THE COMPENSATION
	LINE 15	COMMITTEE ALSO REVIEWS ANNUALLY THE COMPENSATION OF OFFICERS

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE ARTICLES OF INCORPORATION ARE MADE PUBLIC THROUGH THE ARKANSAS SECRETARY OF STATE ART ICLES OF INCORPORATION AND THE BYLAWS MAY BE DIRECTLY REQUESTED FROM THE BOARD SECRETARY A T WINROCK INTERNATIONAL'S CORPORATE MAILING ADDRESS THE CONFLICTS OF INTEREST POLICY IS A VAILABLE UPON REQUEST TO THE BOARD SECRETARY OR CHIEF HUMAN RESOURCES OFFICER, BOTH AT THE CORPORATE MAILING ADDRESS THE AUDITED INSTITUTIONAL FINANCIAL STATEMENTS AND COMPLIANCE AUDIT UNDER UNIFORM GUIDANCE ARE AVAILABLE UPON REQUEST TO THE CHIEF FINANCIAL OFFICER AT THE CORPORATE MAILING ADDRESS

efile GRAPHIC print - DO NOT PROCESS As Filed Data -**SCHEDULE R** (Form 990)

## **Related Organizations and Unrelated Partnerships**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

2018

DLN: 93493309016279 OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization **Employer identification number** WINROCK INTERNATIONAL INSTITUTE FOR AGRICULTURAL DEVELOPMENT 71-0603560 Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Part I (f) (a) (b) (c) (e) Legal domicile (state Direct controlling Name, address, and EIN (if applicable) of disregarded entity Total income End-of-year assets Primary activity or foreign country) entity Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. (g) Name, address, and EIN of related organization Primary activity Legal domicile (state Exempt Code section Public charity status Direct controlling Section 512 or foreign country) (if section 501(c)(3)) entity (b)(13) controlled entity? Yes No (1)THE ARKANSAS REGIONAL INNOVATION HUB TO INCREASE INNOVATIVE AND AR LINE 12A 501(C)(3) WINROCK INTERNATIONAL 201 E BROADWAY ST ENTREPRENEURIAL ACTIVITY IN INSTITUTE FOR larkansas. AGRICULTURAL NORTH LITTLE ROCK, AR 72114 DEVELOPMENT 46-3376034 For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50135Y Schedule R (Form 990) 2018

(a) Name, address, and EIN of related organization		<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant Income(related, unrelated, excluded from tax under sections 512- 514)	l, total incom		Disprop	h) ortionate itions?	(i) Code V-U amount in 20 of Schedule k (Form 106	oox ma pa	(j) neral or naging rtner?		itage
					314)			Yes	No	1	Ye	s No	1	
											_	+		
IV Identification of Related Organizated because it had one or more related or						ization ans	wered "Yes	" on Fo	orm 99	90, Part I	V, lın	e 34		_
		s a corporation	on or trus (c) egal micile or foreign	st during th	(d) controlling Typentity (C of	(e)	wered "Yes  (f) Share of total income	Share	(g) e of end- year assets	of- Pe	V, lin (h) rcentag	e	(i) Section 5 (13) continuentity	512(b trolled y?
because it had one or more related of  (a)  Name, address, and EIN of	erganizations treated as	s a corporation	on or trus (c) egal micile	st during th	(d) controlling Typentity (C of	(e) pe of entity orp, S corp,	(f) Share of total	Share	(g) e of end- year	of- Pe	(h)	e	Section 5 (13) cont entity	512(b trolled
because it had one or more related of  (a)  Name, address, and EIN of	erganizations treated as	s a corporation	on or trus (c) egal micile or foreign	st during th	(d) controlling Typentity (C of	(e) pe of entity orp, S corp,	(f) Share of total	Share	(g) e of end- year	of- Pe	(h)	e	Section 5 (13) cont entity	512(b trolled y?
because it had one or more related of  (a)  Name, address, and EIN of	erganizations treated as	s a corporation	on or trus (c) egal micile or foreign	st during th	(d) controlling Typentity (C of	(e) pe of entity orp, S corp,	(f) Share of total	Share	(g) e of end- year	of- Pe	(h)	e	Section 5 (13) cont entity	512(b trolled y?
because it had one or more related of  (a)  Name, address, and EIN of	erganizations treated as	s a corporation	on or trus (c) egal micile or foreign	st during th	(d) controlling Typentity (C of	(e) pe of entity orp, S corp,	(f) Share of total	Share	(g) e of end- year	of- Pe	(h)	e	Section 5 (13) cont entity	512(b trolled y?
because it had one or more related of  (a)  Name, address, and EIN of	erganizations treated as	s a corporation	on or trus (c) egal micile or foreign	st during th	(d) controlling Typentity (C of	(e) pe of entity porp, S corp,	(f) Share of total	Share	(g) e of end- year	of- Pe	(h)	e	Section 5 (13) cont entity	512(b trolled y?

Schedule R (Form 990) 2018			Pag	ge <b>3</b>
Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.				
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule			Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		П		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or(iv) rent from a controlled entity		1a		No
<b>b</b> Gift, grant, or capital contribution to related organization(s)		1b \	Yes	
c Gift, grant, or capital contribution from related organization(s)		1c		No
<b>d</b> Loans or loan guarantees to or for related organization(s)		1d \	Yes	
e Loans or loan guarantees by related organization(s)	•	1e	=	No
f Dividends from related organization(s)		1f		No
g Sale of assets to related organization(s)		<b>1</b> g	$\neg$	No
h Purchase of assets from related organization(s)		1h		No
i Exchange of assets with related organization(s)		1i		No
${f j}$ Lease of facilities, equipment, or other assets to related organization(s)	•	1j	$\Box$	No
k Lease of facilities, equipment, or other assets from related organization(s)		1k	$\dashv$	No
l Performance of services or membership or fundraising solicitations for related organization(s)		11		No
m Performance of services or membership or fundraising solicitations by related organization(s)		1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	•	1n		No
o Sharing of paid employees with related organization(s)		10		No
p Reimbursement paid to related organization(s) for expenses		<b>1</b> p	$\dashv$	No
<b>q</b> Reimbursement paid by related organization(s) for expenses		<b>1</b> q		No
r Other transfer of cash or property to related organization(s)		1r		No
s Other transfer of cash or property from related organization(s)		1s		No
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction	thresholds			
(a) (b) (c)	(d)			

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-	01	(e) e all partners section 501(c)(3) rganizations?	(f) Share of total Income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?		Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(1) General ( managin partner	g >	<b>(k)</b> Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
	ı									Schedul	e R (Forn	1 99	0) 2018

